

Case Study Summary Report

June 2010

Prepared for:



**Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services**

HMP is a collaborative effort among 28 local coalitions, the Maine DHHS (Maine CDC and Office of Substance Abuse) and DOE, supported primarily by the Fund for Healthy Maine with federal grants from US CDC, SAMSHA, and DOE.

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PURPOSE:

The following report summarizes the findings of the Local HMP Case Studies conducted during the Spring of 2010. Acceptance of this report satisfies completion of deliverable 2-3F for contract year 2009/2010.

Introduction

In the *Healthy Maine Partnerships Evaluation Plan, January 2009, V 3.0 (and V 4.0)*, The Maine Center for Public Health (MCPH) proposed a multiple case study approach to evaluate the local Healthy Maine Partnerships (HMPs) in year three of the evaluation (FY 2009-2010). The multiple case series was designed to help answer key evaluation questions of the HMP Initiative. The overarching goal of the case study methodology is to examine individual coalitions' characteristics and to study in-depth how the local HMPs affect policy and environmental change, and ultimately influence behavior change.

Based on a sampling design described below, the six Healthy Maine Partnerships selected for the case study include:

- (1) Healthy Oxford Hills
- (2) Knox County Community Health Coalition
- (3) Healthy Sebecook Valley
- (4) Greater Waterville PATCH
- (5) Healthy Acadia
- (6) Access Health

Two of the six HMPs were also selected for in-depth follow-up. These were Knox County (Penobscot Bay Medical Center tobacco prevention) and Healthy Oxford Hills (Farm to School nutrition intervention).

Part 1 of this report provides an overview of the Case Study Evaluation conducted. The introduction includes the motives for this evaluation method as well as the evaluation questions used at all the selected sites. Part 2 presents the methodology, and Part 3 outlines the Case Study Findings which includes answers to the evaluation questions per HMP as well as additional information obtained through the case-study. The results of the in-depth case studies are presented in Part 4 and their success stories in Part 5. The appendices include the interview protocols to conduct the interviews.

Part 1: Overview of Case Study Evaluation

A multiple case study design was selected as part of the HMP Evaluation Plan because it contributes a qualitative means of examining individual coalition characteristics and allowed us to study in depth how the local HMPs affect policy and environmental change, and ultimately influence behavior change.

- Case studies are not intended to develop generalizations.
- Case studies examine the various interconnected and complex activities of local staff and coalitions that cannot be studied through traditional experimental designs (i.e., surveys, monitoring data, etc.); and,
- Case studies are more comprehensive and a ‘real’ description of local HMP efforts.

Case Study Questions

The HMP case studies are designed to answer the following evaluation questions from the HMP Evaluation Plan (these evaluation questions are based on the HMP Expanded Logic Model):

Evaluation Question #3b – *To what degree have opportunities improved for: engagement, collaboration, sharing, coordination?*

Evaluation Question #4 – *How many evidence-based interventions are in place, and in what setting?*

In the in-depth case studies, additional evaluation questions addressed:

Evaluation Question #5 – *Have theoretical constructs related to health behaviors (e.g., attitudes, norms, intentions) changed in the desired direction?*

Evaluation Question #6a – *To what degree have environments been made healthier?*

Evaluation Question #6b – *To what degree have health systems been enhanced?*

Evaluation Question #7 – *Have behaviors changed in the desired direction?*

HMP Case Series Distribution of Sites and Case Study Questions		
Coalition and Strata	Primary Evaluation Questions	In-depth Evaluation Questions
Healthy Oxford Hills (med)	3b & 4	5 & 7 (6a)
Knox County Community Health Coalition (high)	3b & 4	6b (6a, 5, 7)
Access Health (med)	3b & 4	-
Greater Waterville PATCH (high)	3b & 4	-
Healthy Acadia (low)	3b & 4	-
Healthy Sebasticook Valley (low)	3b & 4	-

Part 2: Methods

How the cases were selected...

Sites were selected using “stratified random sampling, with quota.” The stratification was based on: level of funding, randomization was accomplished by pulling from a hat, and quota related to geographic distribution

How the data was collected...

Data for the case studies was collected through personal interviews with HMP Directors, School Health Coordinators, and Program Managers/Coordinators. To maintain consistency across cases and to aid in the thematic analysis of each case-study, interview protocols were developed. See Appendix 1.1 and 1.2 for a copy of the Director and Staff Interview Protocol.

The written protocols asked interviewees to respond to two broad research questions:

Evaluation Question 3b:

- 1) To what degree have opportunities improved for community engagement, collaboration, sharing, and coordination?

Evaluation Question 4:

- 2) What strategies and objectives are in place: a. what is the nature of these interventions, b. are they evidence-based and c. in what settings have they been implemented?

Site visits were scheduled by contacting the HMP Directors of the selected cases. At the time of the initial contact HMP Directors were asked for contact information for one key staff person, and one school health coordinator. Next, one-on-one interviews were scheduled with the director at each site, while staff and school health coordinators were interviewed as a group. Interviews were recorded following verbal consent. In sum, eighteen interviews were conducted at six HMP locations. The interviews ranged in length from one to two hours and were completed during April and May, 2010.

HMP	HMP Director	School Health Coordinator	Program Specialist	HMP Coordinator / Manager
Healthy Oxford Hills	√	√		
Knox County Community Health Coalition	√	√	√	
Healthy Seabrook Valley	√	√		
Greater Waterville PATCH	√	√√√		√
Healthy Acadia	√	√		√
Access Health	√	√		√

How the data was analyzed ...

A categorical coding scheme was developed that aligned with the structured protocol questions. Two evaluators who listened to the digital recordings, coded the data into these categories. Then, for consistency across sites, a template that incorporated these categories and reflected the research and protocol questions, was developed.

Another close listening and partial transcription was conducted whereby only key information (that pertained to the HMP, answered the research questions, and followed a categorical theme) from each case was typed into the template. Data were interpreted and summarized into descriptive paragraphs, bullets, or quotes. After each template was completed, the evaluators discussed the outcomes and the narratives and further organized the data by individual site and findings.

Part 3: Case Study Findings

This section presents the findings of the six case studies conducted. Findings are presented per Evaluation Question to learn more about opportunities for engagement, collaboration, sharing and coordination and to give directors an opportunity to share a success story, as well as challenges within their HMP.

Question #3b – To what degree have opportunities improved for: engagement, collaboration, sharing, coordination?

Healthy Oxford Hills

“Promoting partnerships, policies and programs that protect and enhance the health of the Oxford Hill Community”

Engagement: The director states that the coalition works with different settings in the communities and in the schools, including alternative education programs and after-school programs that integrate the community gardens into their curriculum. Service-learning projects that involve the food system and engagement with the communities meet the youth engagement strategies as well.

Collaboration: The interviewees shared many ongoing and past collaborative efforts of Healthy Oxford Hills, highlights include collaborations with:

- Pediatricians at Stevens Memorial Hospital to implement the 5-2-1-0 physical activity and nutrition program from Head-Start to 8th grade.
- UM Cooperative Extension to implement the Eat Well program which will start next year. The program includes a nutrition educator who will be going to all the schools in the RSU.
- A work-site wellness program that meets once every two months and shares a lunch to show what they're doing.
- The Western Foothills Land Trust who are putting in a 4-mile trail to connect the schools and raised money for cross-country skiing trails with the school district.

The HMP works hard at “bringing people together” to connect all the “different dots” (i.e. work-sites, schools and community) that otherwise wouldn't necessarily be connected. Resources are shared and there is a shifting emphasis on utilizing groups to meet goals, for example, getting the PTA to help with parent engagement. Other partnerships include:

- Communities and Concepts
- UM Cooperative Extension: 4-H Camp and Head-Start
- Natural Foods Cooperative
- Church groups
- Child Unlimited (a sports and recreation groups)
- New Balance company

Success Story: The director believes the gardens are their biggest success. He states:

“The local foods thing. It's a real movement. I sometimes think I'd like to just do that, but we have people...and wonderful youth engagement...we absolutely play a key role – and I'm relentless.”

Healthy Oxford Hills was selected for an in-depth case-study and a thorough review of their success story is provided in Part 5 of this report.

Knox County Community Health Coalition

“Creating a healthy Knox County for all community members, by assisting community members in achieving physical, mental, emotional and spiritual health.”

Engagement: The HMP director believes their partners are exemplary in “getting the information out”, they provide materials and keep people in the community informed about current and upcoming programs through email, flyers and school contacts. Partnerships enable the HMP to engage the community through free programs for “people who really need it.” The director states that as they've “broadened” opportunities beyond the HMP’s original goals and settings, tobacco-free objectives have also broadened. She believes more calls have come in from community groups and businesses regarding networking opportunities, but also from community members who are interested in helping as partners.

Collaboration: Pen Bay Medical Center (PBMC) is one partner, according to the director, that offers extensive collaborative opportunities for them as well as with area businesses. For example, when Knox County Community Health Coalition was asked by the Baldacci administration to pilot a needs assessment through a survey instrument, PBMC encouraged all its employees to take the survey, and gave them time at work to complete it. PBMC also mailed the survey to all businesses that they contract with, and said “here’s a great opportunity, here's a great tool – why don't you do it as an individual, AND encourage your employees too?” The HMP director noted that this is one of many efforts where PBMC “goes above and beyond” their responsibilities as a partner. Other key partners of the Knox County Community Health Coalition include:

- YMCA
- UM Cooperative Extension
- RSU

Success Story: All the interviewees responded to an opportunity to share success stories, which emphasize collaboration and creating partnerships. The program director sums it up by saying:

“One of the most important foundation pieces is that we have created this coalition. It's a group of very diverse, broad-based people that represent businesses and agencies and organizations throughout our county serving many different kinds of people and populations from our RSVP volunteers who work with the elderly to our youth folks who work with students...we've built this collaborative...and we work together for the common good.”

Knox County Community Health Coalition was selected for an in-depth case-study and a thorough review of their success story is provided in Part 5 of this report.

Healthy Sebasticook Valley

“Supporting, coordinating, and promoting Health Services and Resources, to improve the quality of life in Sebasticook Valley Area.”

Engagement: The Sebasticook Valley HMP has been in existence since 1999 and has a very strong membership and community partnerships, according to the director. When asked “to what degree do you think opportunities for collaboration and sharing across organizational boundaries have changed?” The director responded that she believes the HMP is “improving.” She adds “past efforts didn't go much beyond sharing of information.” Now, the coalition has shifted into stakeholders with professional and impactful roles. She believes that community “issues” are addressed more effectively and that the coalition has more structure and focus. A recent website, a Facebook and Twitter account and email are technological resources they share to keep the community connected and updated.

Collaboration: An example of collaboration with the larger community is the Winter Walking program. This is a partnership with the school district that allows members of the community to walk in the schools at specific hours of the day. Also, family practices within the area distribute information to help their patients be more aware of what physical activities are available in the winter months.

There is a strong collaboration with the church. Snap Ed, a program of nutrition classes targeting low SES populations, is held in a church sponsored space, as well as other community nutrition workshops and food banks. According to the director these programs rely “heavily” on the coalition to help with resources, and that the HMP partners “a lot” with their fiscal agent (Sebasticook Valley Hospital) who provides blood pressure, cholesterol and glucose screenings during such community events. The HMP helps make the arrangements, while the hospital helps the HMP to disseminate information.

Other partnerships include:

- Seabasticook Family Doctors, a valuable inter-agency partnership.
- Seabasticook Valley Schools are also relied on as partners, especially in reaching parents.
- Penquis CAP in Bangor for daycare and other trainings
- Seabasticook Family Hospital
- Chamber of Commerce (trade show, “buy local” – brought farmers and youth).

Success Story: The director of this HMP believes that the Farm Share program is one of their most successful ventures. The Farm Share program was implemented in 2004. The Farm Share program is funded by two local coalition members and businesses. The Seabasticook Family Doctors, which is actually our FQHC and Seabasticook Valley Credit Union. Both donate funds to support the local farm share program, which provides local farmers with a stipend who then in turn provide \$50 shares to senior citizens in our area who are in need.

“The program provides senior citizens fresh produce throughout the summer and early fall at no cost. This year the two businesses donated again and now there are ten farmers who supply fresh produce, there was actually enough money to provide the Pittsfield Food Bank with fresh produce. The food bank was extremely excited. Farmers enjoy the program since it supports fresh local produce but it also supports them financially a little bit in very rough times. Last year 99 senior citizens participated, and this year more are expected.”

Greater Waterville PATCH

“Supporting and encouraging policies, environments, education and activities, in our community and schools that promote good nutrition, physical activity and the reduction of tobacco use.”

Engagement: When asked in what ways Greater Waterville PATCH has increased opportunities for community engagement, the director described an activity that engages community members to help set new priorities for the HMP. A community opinion survey was developed and administered to a sample of community members. The survey results led to a forum with community partners, followed by a Waterville Patch retreat. At the retreat the information from the survey and the community forum were shared, and grouped following which the highest community needs were identified and strategies were brainstormed to identify the next steps.

The director feels the HMP is involved in linking, building relationships and strategies as part of a larger – more comprehensive – vision in public health care, which will increase opportunities for community involvement.

Collaboration: Greater Waterville PATCH collaborated with the Kennebec Council of Governments to submit a proposal for the Environmental Protection Agency-CARE Initiative. Other partners that came to the table during this process were local hospitals, pharmacies and the Kennebec District Sanitary Treatment. In the process of putting the proposal together, they discovered inconsistencies among the hospitals and affiliated physicians, regarding laws for proper disposal of medications. After the grant was submitted the group of partners decided to continue their meetings, and share resources (for example: disposal kits and information pamphlets). Hospitals and physicians have begun to work on policies to ensure consistency among local health care providers, and assure compliance with federal regulations.

Other Key partners identified by the interviewees include:

- United Way Pantry Program
- Maine General Hospital Greater Waterville Communities for Children
- Inland
- Kennebec CAP (KB CAP)
- Maine Catholic Charities
- RSU
- Family Alliance Project NOW
- Police Department

Success Story: The director believes a major success lies with the quality and quantity of coalition meetings and in creating community relationships. She states:

“Our coalition was only meeting every other month...and our coalition meeting was really just a 'report out' – it was a report out and nobody was coming. It was a report out of the HMP work and I really felt that the coalition meeting is much bigger than just a HMP report out. So I, advocated to the board that we need to meet on a monthly basis and I don't think we should be reporting out, we should be talking about our priorities, we should be talking about what is going on in the community, what resources are needed...use it as a network thing. You bring speakers to say this is what we have for programs. We've made those changes and, like, yesterday our coalition meeting was packed – we went over...People just feel like our coalition meetings are useful, people want to come to the table and it's growing. I feel like that's a huge success.”

Healthy Acadia

“Linking citizens and local organizations in common efforts which foster community supports for healthy eating, active living and freedom from addictions.”

Engagement: According to the HMP Director there is a long history of community engagement. For at least 15 years prior to the HMP there have been many efforts focusing on coalition building. In addition to a board of directors, Health Acadia has a 20 member advisory council and about 100 organizational partners. “One of the huge roles that we play in our communities, is around community planning – to support community health, public health, and although there are other stakeholders who’ve done some level of community planning, we partnered with others to do that, to really engage a number of voices in the community to say really, what do we need here, to help people lead healthier lives. I don’t know that anyone else would take up that charge if we weren’t here.”

Collaboration: Some of Healthy Acadia’s work extends beyond the HMP service area, across Hancock County and sometimes into a neighboring county through collaboration with other HMPs and partners in those counties. One such effort is the farm to school initiative in which Healthy Acadia has been involved since 2003, when they carried out community planning work that revealed the need to engage communities in changing local food systems. In addition, Healthy Acadia works with Mt. Desert Hospital on various initiatives related to public health. Mt Desert hospital is also a founding partner of Healthy Acadia.

There are several other collaborations occurring that are related to nutrition. Healthy Acadia collaborates with: farms, and school districts across the region, parents, school boards, a consultant from the ‘Great Schools’ project out of the George Mitchell Institute, as well as the National Food Security Coalition and the Robert Wood Johnson Foundation. Also, the Maine Organic Farmers Association, along with local chefs and cooperative extension are helping food service workers and teachers learn how to grow a school garden and how to use it, cooperatively, to teach children.

Key partners vary by component area. For example to address the traffic problem in Bar Harbor Healthy Acadia has collaborated with Maine DOT, traffic engineers, state senators and congress people.

Success Story: When the director was asked to reflect on a story that showed success or had a particular impact on either the partnership or its clientele, he responded:

Looking back, what I see now is, we’re an independent nonprofit agency with multiple sources of revenue and an organizational infrastructure to support what we’re doing. We’ve had tremendous growth over the years in the number and types of engaged communities and partners and partnerships. We have four full time staff people the community has embraced this, while obviously still reliant on state funding to do this type of public health service, but we leverage a tremendous amount of local capacity, local partnerships, so the level of engagement and sort of the readiness of our communities to roll up their sleeves and take on the next project is, to me, is a success. We’re operating at a different level than we were ten years ago.”

Access Health

“Working with community partners to contribute to the health and well being of our communities by addressing the required Ten Essential Public Health Services.”

Engagement: Many of the people who are a coalition member are also external partners. For instance, the executive director of Midcoast Hunger Prevention is on the advisory council, but Access Health has worked frequently with her on nutrition education for users of the local food pantry and the soup kitchen. Access Health recently completed a revision of their by-laws and memo of understanding. During this same meeting they looked at their current membership and open positions, and developed a sector list. Everyone came together to talk about the sector list, and identified members of the community for each key sector to recruit as possible new members. The plan is to invite more area schools to rotate with the current school member on their board. Furthermore, a new category of coalition members has been created, called ‘supporting members’, who can be involved as much or as little as they have time for.

Collaboration: ‘Matter of Balance’, is a physical activity program designed to reduce the fear and risk of falling. One of the goals of Access Health was to increase capacity and offer this program in their service area. The HMP worked with Spectrum Generations who had a master trainer on staff who could train others to become a Matter of Balance coach. Another partner in the “Matter of Balance” effort was People Plus who provided the trainings facility. Four people were trained as coaches, and through a small grant two people (employees from Midcoast Hospital) were able to become master trainers. As a result, there is now the ability, within their own system, to train more Matter of Balance – coaches. One training has already taken place “within the system,” resulting in two new master trainers and ten new coaches.

Access Health has worked with Midcoast Hunger Prevention to provide nutrition education to people who receive food from the food pantry and soup kitchen, by linking them with the dieticians. One dietician is from Hannaford, and one is from the University of Maine cooperative extension. The dieticians visit twice a month and do a cooking demonstration on how to use various foods.

Other external partners of Access Health include:

- The Food Security Coalition
- Cooperative extension
- Hannaford
- Merrymeeting Trails group& Bath trails group& the River Walk committee.
- SAD 75
- Sagadahoc Board of Health
- Midcoast Hospital

Also mentioned in relation to specific activities:

- Youth Advocacy Program
- Hugh Tillson, - professor at Chapel Hill, North Carolina
- National Safe Routes to School
- Maine Harvard Prevention Research Center
- Maine Center for Public Health
- CASA

Success Story: the director described the after school bike club, an idea that came up a couple of years ago. Starting with a curriculum by the bicycle coalition of Maine, a 6 week program, they approached their school partners and obtained permission to move forward. As she explained:

“It was completely volunteer driven, myself coordinating it. And it was consuming a lot of time, in terms of every week, not only was I riding with the kids but I was also reaching out, you know, can you come, can you come ride, how about you? So we had ten kids the first time that we ran the program. It was very successful, very well received and we had 20-25 kids the next time, and not enough volunteers and so it became a real scramble. So we decided to look at – okay this is something that’s clearly being well received and how can we make it more sustainable so through a lot of networking, cooperation, meetings, we’ve been able to engage the bicycle coalition a bit more. They were really excited about our work and have incorporated increasing that program in their strategic plan and they were also willing to work with the Maine Department of Transportation to obtain funding to pay somebody to be a ride coordinator. So we now have a paid position, somebody who has bike mechanic skills, who can ride with the group consistently, and who’s sort of in charge of managing the volunteers, so it’s off the HMP’s shoulders. And then we’ve also engaged Bowdoin College, so we have a Bowdoin college student leader, who’s in charge of other (college) students you know sort of pulling together the student piece. So we have Bowdoin students, the ride coordinator, the bicycle coalition of Maine; and we have this time around at least three staff from SAD 75 who ride with the kids, who are just real passionate about this. So I don’t have to go anymore! It’s sort of sad, but ideal. It was really neat to see the first day of the club that we ran this spring – all the volunteers, there was no shortage whatsoever.”

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Question #4 – How many evidence-based interventions are in place, and in what setting?

Healthy Oxford Hills

The school health coordinator states that “everything we do with curriculum integration is evidence-based”. The director adds that “we’re really not approved to do anything unless it is evidence based” since he believes funding requirements drive evidence-based programming.

The Farm to School program, an innovative initiative to improve nutrition through gardening at school. Even though the HMP director believes this program is “technically” not considered to be evidence based, it has survived scrutiny in scholarly journals.

Other evidence-based programs and settings identified by the interviewees include:

<u>Program</u>	<u>Setting</u>
- Project Aware	- School/Community
- A Matter of Balance	- Community
- Eat Well Nutrition	- School
- Spark and the Ants	- School/Community
- Farm-to-School	- School
- 5-2-1-0.	- Community

Knox County

The HMP staff expressed that “everything that we do is evidence-based or contains pieces of evidence-based programs.” Most of the strategies in Know County focus on tobacco prevention. Recently the school organized “Kick Butts”, and event to help students become more aware of school tobacco policies. Students were involved in the organization of the event and dissemination of information using different methods. The HMP staff expressed that “most of the HMPs work at the community level always has a tobacco piece” The “smoke-free home-pledge” – an initiative from the Environmental Protection Agency, works with children in trying to get family members to stop smoking inside the house.

Other evidence-based programs and settings identified by the interviewees include:

<u>Program</u>	<u>Setting</u>
- Kick Butts	- Community/Worksites
- Fresh Start	- Community/Worksites
- Living Well	- Community/Worksites
- Healthy Maine Walks	- Community/Worksites
- Matter of Balance	- Community

Sebasticook Valley

During the interview the school health coordinator indicated that nutrition activities take up most of her time, followed by the second priority areas - physical activity. The director mentions the successful SNAP Ed curriculum was written by this HMP three years ago and is currently undergoing evaluation as evidence based program, but is not at this time.

Other evidence-based programs and settings identified by the interviewees include:

<u>Program</u>	<u>Setting</u>
- Tar Wars	- Schools/Elementary
- Take Time	- Schools/Elementary
- Move and Improve	- Schools/staff and students
- Living Well	- Community/hospitals
- Matter of Balance	- Community
- SNAP Ed	- Community/church

Waterville Patch

The interviewees indicated that typically only evidence based programs are implemented.

Other evidence-based programs and settings identified by the interviewees include:

<u>Program</u>	<u>Setting</u>
- No Butts	- School
- Star Store	- School/community
- Move-More	- Community
- Living Well	- Community

Healthy Acadia

The director highlighted the youth resiliency initiative to be evidence based, as it is built upon the Development Asset Framework out of the Search Institute. He further believes that Healthy Acadia's Approach to policy and environmental changes, and the healthy Homes initiative are evidenced based practices.

Other evidence-based programs and settings identified by the interviewees include:

<u>Program</u>	<u>Setting</u>
- Living Well	- Community
- Responsible Beverage servers	- Community (businesses)
- Table Talks	- Community
- Farm to School	- School

Access Health

The director leads nutrition and physical activity strategies, and much of her time has been devoted to working with Headstart to implement the Starting Young, an initiative through Maine-Harvard Prevention Research Center and the Maine Center for Public Health. The initiative included a survey among staff and parents at three Headstart locations in the area. Survey results identified gaps in the areas of physical activity and nutrition. To address some of the gaps, mini-grants were provided which allowed Headstarts to purchase physical activity equipment, books about vegetables and provide nutrition and physical activity training.

Other Evidence-based programs and settings mentioned by the interviewees include:

<u>Program</u>	<u>Setting</u>
- Matter of Balance	- Community
- Keep Me Well	- Community
- NOT	- Schools
- Healthy Maine Works	- Worksites
- Confident Conversations	- Worksites
- Stay on Track	- School/Middle
- Motivational Interviewing	- Community/Head Start
- Project Success	- School/Middle and High
- Trim Kids	- Community/YMCA
- Second Step	- School/Elementary
- Media Smart	- Schools
- Here's Looking at You 2000	- School
- Take-Time	- Schools

** note, these are not all evidence-based, but were named as such.*

Tobacco

HMP	Interventions	Settings	Barriers	Next Steps
Healthy Oxford Hills	Working toward more tobacco-free settings; Moving away from punitive consequence for students	Community/Public Areas Schools	Guidelines to obtain free signs from CDC (Tobacco Free Maine).	Support from health care professionals
Knox County Healthy Community Coalition	Kick Butts day Signage audit; tobacco prevention assistance to Maine State Prison; Connections (grades 3-5); Smoke free home pledge; Fresh Start – free clinic.	Schools Schools Prison Schools Community/Home Community/Clinic	Need to update tobacco prevention policy To reach “hard core” smokers Referrals to the local hospitals have not been happening as indicated in policy	Work with pre-release center and ME State Prison on improving policy for tobacco free campus.
Healthy Sebasticook Valley	Comprehensive tobacco-free policy & curriculum; incl: Tar Wars, Cessation program, signage at school entrances and playing fields; Lunch and Learn; Quit and Win; year round	Schools Worksites	Enforcement of 100% tobacco-free policy at school on evening and weekends; Getting in the door to worksites	Secure signage is on all the playing fields and in all schools
Greater Waterville Patch	Tap and Take Smoke Out and Kick Butts Day Tar wars Project Integrate – work with behavioral health care providers for tobacco prevention and treatment	School School Schools Community	District school consolidation required to revamp tobacco policy. Employers do not believe employee wellness is their responsibility. Challenge to get youth on board for tobacco programs – not popular.	Move forward on various youth initiative (just hired a youth advocacy person) Continue to work with local businesses on tobacco free policies.
Healthy Acadia	Work with Acadia National Park to enact local policies Complete the establishment of a smoke and substance free Skate park Recently build a playground which includes a Tobacco-Free	Federal lands Community (Public Space) Community	Work in Acadia on tobacco policies = policy change on federal lands.	Continue small activities/initiatives going forward given recent big accomplishments

	Playground sign			
Access Health	Primed for Life – alternative to suspension; NOT program	School	School efforts had limited success (low numbers, lack of parent permission). Economy, differing priorities. Staff turnover at large worksite affected some implementation challenges.	Tobacco prevention activities will focus on policy changes.
	Worksite assistance	Worksite		
	Integration with substance abuse coordinator (parent coordinator)	School and home		
	Smoke Free Housing	Housing		
	Parks and Recreation signage	Parks		

Physical Activity

	Interventions	Settings	Barriers	Next Steps
Healthy Oxford Hills	High school students working on 1.5 mile trail;	School	Increase PA in a standards-based era.	Make walking and trails area learning centers for schools Increase access to PA Continue grant-writing with the goal to acquire a professional development training team for teachers and staff.
	Land Trust on trail to town.	Community		
	Trail maps,	Community		
	Matter of Balance.	Community		
Knox County Healthy Community Coalition	SRTS and mileage club; during (Take time) before, and after school PA;	School and community;	Disconnect between planned strategies and actual implementation	Introduce Cardio kick boxing program at High School 2 days/week.
	21 st century grant	School		
		School: grade 6-12		
Healthy Seabiscuit Valley	Mini-grants to help fund trails;	Community	Facilities and grounds at some schools – missing sidewalks to promote walking and biking.	Implement Take Time in the Middle School.
	Winter walking program;	Community/School		
	Take time and other school programs (e.g. dance, intramurals)	Schools		
	Move and Improve	Community		
	21 st century grant	School		

Greater Waterville Patch	7 th annual fund run on trails they created; Recreations trails grant for outdoor class, and funding for connector trail Move More (website and newsletter) Start Fit Stay Fit	Community Schools Adult education	Reduction in funding. PA in schools depends on teachers, some are willing, and others feel they do not have time.	Conduct needs assessment within the community. Strengthen relationships within the community. Apply for federal/state funding
Healthy Acadia	Town plans – to articulate priorities for PA (e.g., sidewalks and safe crossing near schools); National Achieve Initiative – funds toward organizing around Bar Harbor traffic. Trenton schools – walk to school day/ month, walking school bus; pedometer program for staff, recess kits with equipment. Encouraging teachers to do more for students by creating PA opportunities.	Community School School	Initiating and supporting efforts at 9 schools can be difficult. Connector trail being held up by inability to obtain approval from one property owner.	Continue to address barriers to physical activity within communities.
Access Health	Matter of Balance Starting Young After school bike club Brunswick SRTS group 4 local trails groups Trim Kids 12 week obesity treatment program (new name: FUEL) Take Time	Community Headstart School Community/School Community Community School	Working with multiple partners (coordination, bringing it all together, communication) Concern about safety related to biking or walking to school	Provide education on biking or walking to school to dispel fears some have. Professional development with teachers

Nutrition

	Interventions	Settings	Barriers	Next Steps
Healthy Oxford Hills	Recruiting farms, Building and maintaining community gardens; School-business pairs;	Community Community School/Worksites	School board focuses food services on costs instead of nutrition Space for food	Incorporate a raised bed garden for every classroom in the district, and teach science investigation team

	Food pantries and food service	Food pantries	pantries hinders progress in the area	through gardening.
Knox County Healthy Community Coalition	Establishing food pantries; Started cooking classes; Addressing school nutrition via wellness policy	Food pantries Community School	Negative stigma around school food service	Introduce Plan to School Program (with land and a greenhouse) Encourage more staff to eat with students to try more foods.
Healthy Sebasticook Valley	SHC on health committee, meeting with school leadership; Fruit and Veg. grant for health snack in 4 schools; Farm Share to help seniors; SNAP ED; Trade show – nutrition workshops	School Community Food pantries Community	Nutrition awareness requires a cultural shift.	Revisit workplan and select object that has most impact. “Tackle the lunch menu” at schools.
Greater Waterville Patch	School nutrition: sports nutrition brochure, after school healthy snack, student survey; 5-2-1-0 Fruit and Veg grant Food pantry - toolkit	Schools Schools	Poor quality of food supply; Nutrition and PA are not priorities during economic downfall; Building Relationships and maintaining good communication	Developed full-credit health class in the high school
Healthy Acadia	Farm to School Support food pantries (legislative breakfast) Training childcare providers Community garden assistance – handicapped accessible, Meals for Maine, seniors.	Schools Food pantries Childcare centers Community	Increasing number of families who are food insecure. Access and availability of healthy foods to lower income populations	Approval to increase health education from ½ to 1 full credit

Access Health	Starting Young Vending machines and Change the Scene Nutrition education FUEL (see PA)	HeadStart Schools Food pantries Community	Follow-through is not always adequate; competing priorities.	Advocating for a health education credit. More community gardens More local produce in school cafeterias
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Chronic Disease

	Interventions	Settings	Barriers	Next Steps
Healthy Oxford Hills	Partner with diabetes educators to help set up a pilot program.	Community	no real capacity to meet Chronic Disease objectives	Collaborate with community partners to develop and implement targeted Chronic Disease programs.
Knox County Healthy Community Coalition	Tobacco prevention; diabetes and obesity Keep ME Well	Community/School Community Community	Time to “market” the programs, and “tailor” to each audience	Gap-analysis Expand Healthy Homes Initiative
Healthy Seabasticook Valley	Living Well	Hospitals and family doctors	Living Well takes 4-day training – recruit volunteers for training is a challenge. Family practices offer self-management to patients, and not to community.	Recruit volunteers with help of master trainer. Build capacity to offer self-management programs to the community
Greater Waterville Patch	Outreach for free colon-rectal cancer screenings; Educate employers about signs and symptoms of heart attack and stroke; Tool kit developed; Asthma training for staff Diabetes education Living Well 211 resources submitted Keep me Well promoted	Worksites Worksites Schools Schools Community Community Community	Efforts to address chronic disease ID and treatment would be duplicative of what is provided successfully by hospital. CDSM the HMP does do	Conduct Gap survey to identify needs.

<p>Healthy Acadia</p>	<p>Colorectal cancer screening (partner with MDI to create media to increase awareness);</p> <p>Rural Health Network – healthy homes initiative to help adults with asthma (60 households first phase).</p> <p>211 resources;</p> <p>Living Well</p>	<p>Community health center, MDI, primary care clinic</p>	<p>Staff time (e.g., for cancer screening, staff person went out on maternity leave; for Living Well, volunteers facilitators left.</p> <p>Geographic challenges remote islands.</p>	<p>Expand Healthy Homes initiative</p>
<p>Access Health</p>	<p>Keep me Well.</p> <p>211 resources</p> <p>Heartbeat presentations</p> <p>Go Red event</p> <p>Diabetes PSA</p> <p>Healthy Maine Works</p> <p>Asthma prevention (diabetes prevention falls under nutrition and pa)</p>	<p>Community</p> <p>Community</p> <p>Community</p> <p>Hospitals</p> <p>Community</p> <p>Worksites</p> <p>Schools</p>	<p>Funding for the wellness program</p>	<p>Systematize training for nurses.</p> <p>Improve system to track students with health needs in schools.</p>

Substance abuse

	Interventions	Settings	Barriers	Next Steps
<p>Healthy Oxford Hills</p>	<p>Support Teens for Change;</p> <p>Work with retailers;</p> <p>Table Talks</p>	<p>Schools</p> <p>Worksites</p> <p>Community</p>	<p>Denial from parents</p> <p>Culture within community</p> <p>Funding cuts that hinder implementation of programs and reduce capacity</p>	<p>Apply for “Drug Free Community Grant” to help fund activities</p> <p>Work on safe disposal of drugs</p> <p>Contact landlords and try to implement smoke free buildings.</p>
<p>Knox County Healthy Community Coalition</p>	<p>Law enforcement officers in schools;</p> <p>PPT for businesses to identify users</p> <p>Trained daycare providers.</p> <p>Sophomore awareness campaign</p>	<p>Schools</p> <p>Worksites</p> <p>Childcare</p> <p>Schools</p>	<p>Duplication of efforts in terms of tobacco prevention</p> <p>Loss of substance abuse coordinator</p>	<p>TBD – lost substance abuse coordinator</p>

Healthy Seabasticook Valley	Partnering with law enforcement (party patrol); Offer responsible beverage server trainings (and seller trainings);	Community Worksites	Barriers not mentioned	Youth Advocacy Program will continue successful efforts and explore new ways to increase awareness.
Greater Waterville Patch	Parent Table Talks (new); Substance-abuse task force; Responsible Beverage Server trainings	Community Community / Worksites Community / Worksites	Limited Funds to make programs unique or stand out	Increase involvement of parents in future activities. Strategize work with underage drinking and substance abuse
Healthy Acadia	Training and education of law enforcement agencies, beverage servers, and retail establishments; Sent staff to CA to be trained as master trainer in youth resiliency model	Worksites Worksites	Limited funds, inconsistent funds.	Continue education for law enforcement, beverage servers and retailers, and implement the resiliency model and Table Talks
Access Health	Stay on Track (school counselors) CASA Restorative Justice	School Community Community	Getting programs off the ground (inertia); and juggling priorities.	Continue existing efforts with law enforcement officers. Continue to monitor substance abuse trends to identify program needs, and design effective programs.

Part 4: In-Depth Case Study Findings

Evaluation Question #5 – *Have theoretical constructs related to health behaviors (e.g., attitudes, norms, intentions) changed in the desired direction?*

Healthy Oxford Hills

To assess whether attitudes, norms, and intentions have changed in the desired direction during visits to the school and community gardens, the evaluator asked staff, students, and other program participants to reflect on questions in terms of “before and after” participation in gardening. A key attitude of interest was “openness to trying new foods”. Assuming that improving nutrition can be facilitated by trying new foods, and knowing that the HMP uses a taste testing technique to influence this attitude, the evaluator probed participants about whether they had tried the foods they were growing, whether they were growing foods they hadn’t tried before, and whether gardening made them more interested in trying new foods.

Overall, the dialog generated by these probes confirmed that attitudes had changed in the desired direction. Below are segments of dialog that support this inference.

Dialog excerpts from Healthy Oxford Hills Farm to School Sites

Hebron Station Elementary School

(Building boxes for raised beds with approximately 10 students)

What are you going to plant in these beds?

Students: strawberries, cherry tomatoes, cucumber, raspberries, acorn squash, watermelon, cantaloupe

Have you tried all of these before?

One student: Yes, but it’s always better if you grow them yourself and I haven’t grown all of these.

One student: Yeah, I don’t really like tomatoes except the ones we grow at home.

One student: You have to grow veggies yourself so they’ll taste good.

Streaked Mountain Alternative School

(Chatting with students loading plants into truck to bring to the High school to plant)

Will you try the foods you are growing?

Students: Yeah, I want to know how they taste.

Head Start

(Setting” The evaluator is sitting in the garden of the Veteran’s Home with a group of approximately a dozen children asking several questions)

What are you planting?

Children: Yellow beans.

Have you tried yellow beans before?

Several Children: Yes.

Two Children: No.

What do yellow beans taste like?

One Child: Green beans.

Another Child: popsicles.

Did you try yellow beans before you planted them?

Several Children: No.

Evaluator (to the children who said “No”): *Are you going to try yellow beans?*

Both Children: Yes.

Do you like to try new vegetables?

Most Children: No.

Three Children: Yes.

Several Children (who said “No” to liking to try new vegetables): I’m trying the ones from the garden. I like to eat in the garden. We are growing peas in the other garden to eat.

Throughout the site visits, the evaluator met and conversed with many adults and youth involved in supporting the community and school gardens. Changing norms were most evident among school staff and students. Teachers from Head Start, Buckfield Middle School, and Hebron Station Elementary School all expressed enthusiasm about what they consider to be new educational opportunities presented by the gardens. Though food production at school is not a historical norm, this norm was being embraced at each site visited by the evaluator.

The clearest example of changing norms among school staff comes from Buckfield Middle School. The evaluator met with food service staff in the kitchen to hear their perspectives on using produce from the school garden. Food service staff talked about their initial hesitation to having a salad bar, based on concerns about the size of portions students would take without adult monitoring. The staff reported finding that allowing students to have control over their food consumption resulted in students eating more nutritiously, and portion size did not turn out to be problematic. Moreover, food service staff discussed their pleasure in being able to call on students to head out to the garden and bring in fresh produce needed for daily meal preparation. School food service staff expressed that they highly value a new-found sense of connection between themselves, the Nutrition Director, teachers and students. Connecting the people involved in food production, consumption, and nutrition engendered changing norms reinforced by social and interpersonal realignment.

Youth norms are generally peer-centric, so the evaluator conversed with students about activities in which they engaged outside of school. In response to prompts about getting together with friends after school, students from Buckfield Middle School shared the following:

Buckfield Middle School - Group of several students

One Student: I like gardening at school because I can do it with my friends.

One Student: We have a garden at home but I didn't like to work in it before. Now I like to because my friends come over and we do it together.

One Student: Yeah, when it's hot out we like to go into the garden and work and play in the water.

Whereas previously working in home gardens was not a peer-group activity, there is evidence that gardening together at school is resulting in peers gardening together outside of school.

Younger children, more identified with family, also conveyed shifting norms and attitudes. At Hebron Station Elementary School, the evaluator participated with the children in constructing beds for planting. Conversation among the children revealed that two (at least) of the children were from farming families, and this was previously not known by the other kids. These children shared this information with peers showing a marked sense of pride .

Children's visiting one another's homes is not new, nor is the desire of children to share what they have that they believe others will value. What appeared to be new in this situation is that farms were the objects of interest, value and pride.

School and community gardening were generating a sense of fun along with purpose at each site visited. One outcome of the combined positive social interactions, learning, and physical activity was idea generation and expression of future intentions. While working at Buckfield Middle School

and Hebron Station Elementary School there was ongoing dialog between staff and students about future plans. The School Nutrition Director, School Health Coordinator, teachers, and HOH staff were in constant dialog, strategizing how to: ensure future support for the gardens, extend nutrition education, improve school food services, and increase family involvement. Food preparation and storage, scratch cooking and nutrition, integrating with and expanding engagement with local produce markets, participating in state and national farm to school professional events, and enhancing physical activity were a few of the topics being discussed at every site throughout the day.

Children and youth were also engaged in conversations about what they were intending to do with their products. These conversations ranged from eating to selling, and included plans for how to garden in the winter.

Knox County Community Health Coalition

To assess whether attitudes, norms, and intentions have changed in the desired direction during the visit to the FreshStart class, the evaluator listened to program participants reflect on smoking “before and after” attending the program. There was no need to prompt these reflections as sharing these thoughts and feelings were part of the program process. The evaluator did solicit the hospital employee’s description of staff response to the new smoke free campus policy.

All participants indicated that they had previously and unsuccessfully attempted to stop smoking. Two participants indicated that they started out the class not believing they could stop. One of the retail store employees, and the retired nurse were older women who noted that their attitudes toward their own abilities to stop smoking had changed.

One older woman: I came because my co-worker wanted someone to go with her. I’ve smoked for so long I really didn’t think I COULD quit. At this point, I have gone down from a pack a day to three cigarettes a day. I’m not ready to completely quit but I know I will be ready and I think I can do it.

Another older woman: My doctor really pushed me to take this class. I’ve tried to quit many times before but couldn’t do it. I went for two weeks without a cigarette and then I called the hotline to get more patches and they wouldn’t give them to me. It really pissed me off so I had a cigarette. They shouldn’t have done that to me because it just made me frustrated and angry and want to smoke. Now I know I will quit but they made me go backwards.

The hospital employee explained her attitude shift in terms of changed feelings about NOT smoking. Previously, she had been experiencing negative feelings about not smoking but her feelings had become positive.

Hospital employee: Trying not to smoke has always been an uncomfortable struggle. This time has been different, though. It has been three weeks since I had a cigarette and I have this new sense of freedom. I am really aware of how much effort I was putting into hiding my smoking – sneaking it from my daughter’s kids, trying to hide the smell from my co-workers. It just feels really free not to have to think about hiding and sneaking. Whenever I have a craving I think about this benefit and it really helps.

With regard to attitudes about the new hospital smoke free campus policy, the hospital employee shared that employees who smoke were initially angry, but that eventually there was recognition that the hospital, as an employer, was concerned about their health.

Hospital employee: It’s not like the policy was passed and everyone decided to quit. In fact, people were really angry at first. Over time though, most smokers admitted that our employer cares about our health and it’s a good thing. Also, I don’t think the policy makes people want to quit. People want to quit because they know it’s unhealthy. The policy makes it more inconvenient to have a cigarette so it adds motivation and helps it that way.

Changing norms were evident in the group as they directly discussed the topic. Flowing out of the observation that no longer hiding and sneaking smoking serves as a motivator to stay off cigarettes, a group discussion emerged about changing social norms. Members of the group conversed about how smoking was once socially acceptable but no longer is.

Participant One: I remember when it seemed like everyone smoked.

Participant Two: It used to be glamorous to smoke!

Participant Three: All that has really changed. I feel like people will judge me for smoking.

Participant Four: I really don’t want my grandchildren to know I smoke – it’s like they would look down on me.

Other indicators of changing social norms were evidenced by the supportiveness group members showed to one another. An interesting group norm had developed among these individuals. The group members had exchanged phone numbers so that they could call one another for encouragement as a mechanism to manage cigarette cravings.

Each member of the group expressed the intention to quit smoking. They also expressed the intention to continue to support on another after the course was over. One of the give-aways at the end of this final session was a free month’s membership at one of three gyms. The group (except for the elderly man) spent their last fifteen minutes together deciding on which gym to use and which date to start. They were intending to use the gym as an opportunity to continue getting together and support each other.

Evaluation Question #6a – *To what degree have environments been made healthier?*

Healthy Oxford Hills

The notion of a healthy environment has many dimensions. The most obvious dimension is clean air and safety hazard control. In the realm of public health, policies and public works that influence health behaviors play important roles in creating and maintaining healthy environment. In the case of community and school gardening, HOH's work shows a range of positive environmental influences. Locally, school policies that support farm to school initiatives result in improved social awareness of nutrition and health, enhanced community-based nutrition knowledge, improved institutional food services, and increased physical activity. HOH's involvement in the wider network of public policy in support of farm to school and community gardening is a noteworthy contribution to making the environment healthier. The highly successful HOH-supported farm to school programs are serving as state and national demonstrations of this work as a key public health strategy.

Knox County Community Health Coalition

The smoke-free hospital campus policy represents a significant environmental change. This is not only true for employees of the hospital, but also for the entire local population. Penobscot Bay Health Center is a centerpiece of Knox County. While one group member was an employee of the hospital, another group member was in the class because she came upon the class flyer when accompanying her grandchild to a medical appointment. This individual, a retail store clerk, then shared the information with her co-worker. Another member of the group came upon the class flyer when attending a physical therapy session. The combination of a smoke-free physical environment, and this same environment having course materials and health promotion materials available, demonstrates a successful public health environmental intervention.

Evaluation Question #6b – *To what degree have health systems been enhanced?*

Healthy Oxford Hills

Health systems, a broader concept than healthcare delivery systems, operate at the Community and Organizational levels (see figure 1). As discussed earlier, an essential component of HOH's success has been the ability of this HMP to build collaborative alliances and partnerships across a wide range of community, state, and national organizations. While hypothetically, organizational and community leaders may be able to develop alliances in the absence of the HMP, in reality, it requires the full time commitment of several staff to build, expand, support, and maintain these collaborative relationships. The HOH staff has deep roots within the local community. They are trusted partners for whom others will "show up". During site visits the evaluator, on multiple occasions, was informed of gratitude felt by partners for HOH's leadership.

Maine Nutrition Network Staff: It's hard to explain how Ken (HOH Director) makes all of this stuff happen. Somehow he does it and everyone wins.

School Nutrition Director: Some of these kids come to school having only eaten out of cans at home. It's taken a lot of effort and patience to move the food service system at school. I couldn't have done it alone, but once Ken pulled us all together we had the force to see it through.

HOH Director: Our School Based Health Coordinator has a way of energizing everyone to eat well, be active, and participate in making it happen at the system level.

Whether it be an alternative high school, a farmers network, a community business, a local school, a national organization, or a state assistance program, the HOH team has built strong connections, is developing awareness of nutrition and health, and finding ways to partner such that many types of system initiatives reinforce positive changes in population health.

Knox County Community Health Coalition

Clearly the effort of KCCHC and PBHC, to transform the local healthcare delivery system into a model for community-level public health action, exhibits a substantive health system change. This local and regional health care system has appropriately received state-wide recognition for just this reason. As noted earlier, even employees who are addicted to tobacco, and who feel defensive about their addictions, acknowledge that PBHC's smoke-free campus policy means their employer cares about their health. Being honored by the Maine Tobacco Free Hospital Network affords PBMC and KCCHC the opportunity to impact the health system across the state by serving as positive role models of success.

Evaluation Question #7 – *Have behaviors changed in the desired direction?*

Healthy Oxford Hills

A primary motivation for community and school gardening programs is nutrition education and improved diet. However, gardening is seasonal in nature and so direct observation of behaviors related to food preferences and consumption were not possible during planting. Nevertheless, the food service staff at Buckfield Middle School reported seeing changes in eating behaviors once the salad bar was operational and supplied with produce from the school garden. Likewise, the School Nutrition Director spoke of seeing children who only ate out of cans at home, asking parents for fresh fruits and vegetables to eat. Certainly the expressed intentions of students, to try new foods and eat fresh fruits and vegetables from their gardens, indicate probable behavioral changes.

Observable behaviors associated with school gardens at this time of year are physical activities. The evaluator counted no fewer than twelve morbidly overweight youth at Buckfield Middle School who were running through planted rows, pushing wheelbarrows loaded with containers of water, and

stretching and bending to plant. In every case the youth were smiling and interacting with peers. Interestingly, one of the Middle School's English teachers was informally known as "leader of the garden". While it is unknown whether she has been an enthusiastic gardener at home, sharing this passion with students at school is new behavior derived from this opportunity.

Knox County Community Health Coalition

All individuals in the FreshStart class, and their efforts to quit smoking, represent significant behavior change in the desired direction. In addition to smoking cessation, members of the group showed positive new behaviors related to supporting one another, spreading the word about the class, and visiting the gym. Specific behaviors that were discussed in detail focused on mechanisms to manage tobacco cravings. The group members eagerly shared behavior tactics that they were finding most helpful, such as: chewing gum, calling one another, thinking about new-found freedom from addiction, considering that they were defeating themselves when frustration with other situations resulted in cigarette cravings, recalling all of the information the instructor had provided them like how much money they were saving. In fact, the entire group agreed that just having more money in their pockets because they were not buying cigarettes was very motivating. All of this is unambiguous evidence of desirable behavioral change.

Part 5: Success Stories In-Depth Case Studies

Healthy Oxford Hills

Healthy Oxford Hills (HOH) is a Healthy Maine Partnership that started in 2000. As mandated, this local community coalition works to improve nutrition and physical activity, and to fight tobacco, alcohol and other drug abuse. Over time, HOH has become a comprehensive supporter and provider of community education and prevention services not only for nutrition, physical activity, tobacco and other substances that are abused, but also for self-management of additional chronic diseases, including diabetes, cancer and lung diseases, asthma and dementia. Geographic coverage includes: Waterford, West Paris, South Paris, Hebron, Norway, Oxford, Otisfield, Buckfield, Sumner and Hartford (the MSAD#39 towns) and 4 towns in southwestern Oxford County in the Sacopee Valley area including Porter, Hiram, Denmark and Brownfield. These last four towns came from the former Bridgton HMP which has not stayed in operation. HOH works with neighboring HMPs in York and Cumberland Counties to serve these four towns because of distance.

Building partnerships with organizations and businesses in the communities is the core function of HOH. Enhancement of public health social and institutional infrastructure has been achieved by the partnership's work to "knit together" expertise and resources that target public health goals. The Lead Agency, or sponsor, is Western Maine Health, and the other major partner is the local school system. Additional key partners include: the University of Maine Cooperative Extension, Community Concepts, municipal recreation departments and libraries, the WIC program, the DHHS office, the Adult Education Program, the Western Foothills Land Trust, the Progress Center, local law enforcement agencies, Norway Downtown, local service clubs and faith-based groups, private counseling services, Fare Share Market, the Farmers Market and others.

A centerpiece of HOH's success is the way in which it has aligned with and leveraged national movements that have dynamic cultural momentum locally: Farm to School and Local Foods Movements. These movements have broad cultural thrusts including: strengthening social capital, promoting local economies, supporting community self-reliance, enhancing public health, and more. In the Oxford Hills area, the HOH partnership has strategically networked advocates of these movements and health professionals to pointedly articulate and advance the public health. The ever-expanding network within which HOH has established a niche is a powerful demonstration of the socio-ecological model of public health initiatives. Within this context, issues like obesity and the importance of nutrition in chronic disease prevention remain integral dimensions of the cultural conversation at all levels: Public Policy, Community, Organizational, Interpersonal and Individual.

HOH has been active in the Oxford County Agriculture Group, the Oxford Hills Food Collaborative, local direct marketing efforts and local farmers markets, and in the Western Mountains Alliance. HOH is waiting to hear back on a proposal to fund a Food Council participatory planning process aimed at creating a Road Map for 80% local food self reliance in 15 years -- Farm to School is leading the process. The HOH Director coordinates the Maine Farm to School Work Group, and serves as the Maine Representative to the National Farm to School Network. In these roles, he delivers presentations and conducts workshops for diverse audiences. An important result of his

efforts is the broadening of public awareness about public health issues like obesity, so that cultural conversations about economics and food security include the nutrition and chronic disease dimensions. There is evidence that the integrated cultural movement connecting nutrition, public health, community sustainability, and food security, is expanding. A number of institutions are prioritizing this work, including:

- HMP Leadership Council identifying Farm to School has as one of the top strategies to be included in Minimum Common Program work plan choices;
- University of Maine Cooperative Extension rapidly mobilizing its resources to support proliferating gardens;
- Maine Legislature soliciting recommendations for how the State can support Farm to School; and
- USDA making wide ranging changes to strengthen support for local food systems and Farm to School projects.

Nutrition Education Intervention: Community Gardens and Farm to School Programs

A few years ago, HOH was selected to run a pilot project in collaboration with the Maine Physical Activity and Nutrition Program, called the Oxford Hills Healthy Moms Project. This pilot attempted to implement nutrition and physical activity interventions with young moms. While the intervention struggled, HOH took away an important lesson: the most effective way to make real changes in food culture is by working with kids, and doing this through garden based nutrition education. In a larger sense, they believe that nutrition changes are most successful by engaging people of all ages in raising fresh food. Interestingly, starting with kids evidenced an impact on their families via children's food preferences and requests.

Supporting School and Community Gardens has been a key nutritional initiative in HOH's HMP work plans for the last few years. This work has expanded greatly over the past two years, especially because of the School Health Coordinator and SNAP-Ed programming. HOH has worked with the School System's Food Service to increase the use of fresh, local produce. HOH's School Health Coordinator has worked through challenges presented by the economics of School Nutrition programs, and HOH has leveraged recent interest in student gardens and curricula ties to garden-based nutrition. Encouraged by great relations within the school system built by the School Health Coordinator, the Oxford Hills Nutrition Director has intensified the effort to incorporate more fresh fruits and vegetables in school food service. Together with the School Health Coordinator, the Nutrition Director submitted the Fresh Fruit and Vegetable Grant for the 1st time for Oxford Hills, and the school will be receiving \$66,000 to provide fresh fruits and vegetables outside of school lunch at 5 of the 8 elementary schools. HOH will help organize volunteer support for prepping the produce, and will also work to use local produce – especially from school and community gardens.

HOH supports many Oxford Hills school nutrition programs, including the elementary gardens in Otisfield, Norway, West Paris and Waterford, with a new garden planned for Oxford. They support the Middle School Garden in Porter at the Sacopee Valley Middle School, also. One important form of support is HOH-organized workshops where University of Maine Cooperative Extension is helping school staff increase their school garden skills. HOH recently formed an Oxford County-wide Farm to School Network, which extends beyond the area served by HOH.

Last August, HOH sent 6 students and 4 adults to the Rooted in Community Conference. This garden-based youth empowerment conference meets nationally around the country, and last year was based in Portland. Over 4 days, students visited Gardens in Lewiston, Cultivating Communities sites in Portland, and the Food Project outside of Boston. HOH-sponsored students were enthused by this experience and now speak to local groups, furthering this important work.

Evaluator's Visit

On May 28, 2010 the Evaluator visited the following sites:

- Alan Day Community Gardens (ADCG)¹

Healthy Oxford Hills has taken the lead in pulling together a growing circle of people (now numbering over 100) to create this garden project as an educational demonstration garden based on sustainable, permaculture principles. HOH has provided a mini-grant and continues to dedicate HMP staff time to help support the evolution of this community-building project. ADCG is not directly a Farm to School project, but students have been involved, and their involvement will increase. So far, students have charted plant life, designed the ADCG logo, are planning a fund raiser, and are researching and planning a composting toilet. Through the Extension, HOH expects to have two half-time student interns working at the garden this summer.

- The Veterans Home/Head Start Gardening Program

Head Start kids work in the garden at the nearby veteran's home and receive nutrition education. One of HOH's key partners in their nutrition and education efforts is the local Head Starts. The Head Start that was recently relocated to the new Paris Elementary School has benefitted from HOH's taste testing and nutrition education work. They also collaborate intensively with the Cooperative Extension, and the Veterans Home Garden is an intersection of these two partners.

- Hebron Station Elementary Farm to School Program

The Farm to School Program at Hebron Station Elementary is a raised bed project connecting: nutrition education, curricula, student leadership and entrepreneurial skill development. HOH with the School Health Coordinator has "knit together" the school's business partner, Norway Savings Bank (working with the students to take a business approach to growing food, which they will sell to the Food Service), the Student Council, and after-school programs to build, plant, and maintain 12 raised beds.

- Buckfield Middle School Farm to School Program

Buckfield has the 2nd highest obesity rate in the state, and the Middle School staff has rallied around addressing this public health issue. With technical support from HOH, the staff and students are gardening approximately 1.5 acres with fresh produce. The school cafeteria, working with the students, created a salad bar, and nearly \$2,000 was raised at their roadside

¹ [The Community Garden came about when long time community activist, Alan Day passed away 2 years ago, leaving the land to his twin teenage daughters, Emma and Ruby. Alan made it known that he would like to have the 3 acre lot that he had purchased behind his house used for a community project, like a garden.](#)

stand.² Teachers have integrated gardening into their curricula for every subject making this a classic Expeditionary Learning course. Currently, plans are under way for extending the season with a greenhouse and more perennial plantings of fruit bushes and fruit trees. HOH has provided support as volunteers and mini-grants. HOH sponsored the RSU #10 School Nutrition Director to attend the national Farm to Cafeteria Conference in Detroit. HOH has received two small grants (\$1,000 each) to document and help replicate the success of the Buckfield School Garden.

- **Streaked Mountain/Oxford Hills Comprehensive High School Farm to School Program**

The Streaked Mountain Alternative School students are building, planting, and maintaining raised beds along the side of Oxford Hills Comprehensive High School. After moving directly across the street from HOH last fall, HOH engaged this Alternative School in an agriculture project and nutrition education.³ HOH arranged for the agriculture educator at the Extension to do a 10 week modified Master Gardeners class with the students and they set out to plan the garden and get permission from the school administration. This was very significant to these student (considered by many to be “throw away” kids) -- a badge of honor, of sorts. They were proud to be able to show that they had something good to offer the local high school.⁴ Meanwhile, students from the local high school’s Respect Team and the School-based Health Center Teen Advisors had collectively decided they wanted to make school lunch better by serving more fresh local produce. These students conducted a survey of student preference for local produce. Nearly 900 students responded and the results have guided planting at both the Streaked Mountain and at the Community Garden.

Knox County Community Health Coalition

Knox County Community Health Coalition (KCCHC), formerly the Knox County Coalition Against Tobacco, was founded in 2000. It is a Healthy Maine Partnership and the only public health coalition in the county. As such, it is a partnership led by the local healthcare system, schools, businesses, service agencies, and individuals, working collaboratively to improve public health. This HMP focuses on providing health information, health education, and opportunities that enable people to develop healthy behaviors. In particular, they target reduction of tobacco and other substance use, increased physical activity, and promotion of healthy eating.

Tobacco Intervention: Workplace Tobacco Free Policy, Tobacco Education and Health Promotion, and FreshStart Tobacco Cessation Classes

Penobscot Bay Health Care (PBHC) is a founding partner of the KCCHC, and the partnership has worked on tobacco cessation since 2001. PBHC’s Tobacco Cessation Specialist (Sue Low),

² [Produce was given to the local food pantry, kids took produce home during the summer, and \\$3800 was raised for a local woman with cancer at a Harvest Dinner.](#)

³ This had some traction with them, partly because the assistant teacher is the daughter of a family who operate a West Paris Farm which is active in the Local Foods Movement.

⁴ Following a presentation to the Superintendent, they were invited to present to the School Board. One stunned student said: “The last time I was in front of the School Board, I was getting thrown out!”

an occupational health RN, was instrumental in securing start-up grant funds from the Partnership for a Tobacco-free Maine to launch this HMP. On behalf of KCCHC and PBHC, this specialist has coordinated free tobacco cessation services, including the FreshStart Program⁵ for PBHC employees, and the greater community. In 2010, Sue Low was recognized by PBHC with a Gold Star Award for her work on tobacco cessation and prevention.

PBHC's Sue Low

"Without the partnership of the KCCHC, I am certain that we at PBHC would not have made such inroads with offering smoking cessation classes on-site at local business for their employees, as well as for the inmates at the Bolduc Correctional Facility (a part of Maine State Prison) in Warren, Maine."

The role of KCCHC in supporting tobacco intervention efforts at PBMC is extensive. This HMP paid for PBHC's Tobacco Cessation Specialist to be trained by the Center for Tobacco Independence as one of the first certified tobacco specialists in the state. With advocacy from the Tobacco Cessation Specialist and KCCHC's Director, Connie Putnam, a number of additional PBMC staff has taken the basic training and KCCHC has paid for them. The KCCHC has sponsored 10 PBHC employees to attend the Tobacco Treatment and Training Conferences over the years. These employees include RNs, Respiratory Therapists, Mental Health and Addiction Counselors, and most recently Health Coaches who provide wellness services to local businesses. Other support provided by the KCCHC includes some of the annual funding for the FreshStart Program, and promotion of the FreshStart Program through anti-tobacco media campaigns, workplace presentations, and website posting. According to PBHC's Tobacco Cessation Specialist:

The Maine Tobacco Free Hospital Network (MTFHN) recognized PBHC with a Gold Star Award in 2010 because of their smoke free campus policy. The award honors hospitals that have shown commitment to maintaining a healthy environment and protecting employees, patients, and visitors from secondhand smoke. PBHC's tobacco-free campus policy went into effect on September 1, 2009. Hospital managers were trained on how to confront staff members who violate the policy, the hospital has a roadside banner announcing their tobacco-free status that hangs under the main PBMC sign, and FreshStart Program materials are widely disseminated across the campus.

Evaluator's Visit

On May 28, 2010 the Evaluator visited the FreshStart Class at PBMC. The class is typically conducted in four one and one half hour sessions held over a four week period. This class was the fourth session, last in the May class. There were five participants in the class plus the instructor. One of the participants was a hospital employee, two were employees at a local retail store, one was a retired nurse, and one was a man from an assisted living facility who was referred to the program because he had violated the facility's no-smoking policy. The session ran for two full hours, from 5:30 to 7:30 pm.

⁵ FreshStart is the American Cancer Society's highly successful smoking cessation program.

Conclusions

While case studies are not intended to develop generalizations, the case studies conducted did provide insight into the various interconnected and complex activities of local HMP staff and the functioning of the coalitions.

Findings to evaluation question 3 (“to what degree have opportunities improved for: engagement, collaboration, sharing, and coordination”) indicate that opportunities have improved for all HMPs, however the level of, and area in which the opportunities improved varied among HMPs. Each HMPs has a unique workplan which identifies strategies to address the needs within the community. Physical activity and nutrition programs appeared popular among most HMPs. Particularly the Farm to School program, which aims to serve healthy meals in school cafeterias, improve student nutrition, provide agriculture, health and nutrition education opportunities, and support local and regional farmers.

Evaluation question 4 (“how many evidence-based interventions are in place, and in what setting?) generated an extensive list of current evidence based programs within each HMP. A summary of interventions and settings are listed per health promotion category per HMP in Part 3 of this report. Many tobacco programs are in place in school and community settings, as well as physical activity and nutrition programs. Barriers experienced during the implementation of the programs include:

- time spent completing required reports
- time spent in mandatory state trainings
- stringent state policies and/or guidelines (e.g., to get a free tobacco sign)
- school consolidation – merging of school districts whose policies are different and challenges to changes existing policies.
- limited funds to make programs unique and stand out
- some strategies/activities require a “culture change” or “behavioral change” which both require time and financial resources.

A common facilitator for implementing interventions appeared to be grants obtained from outside sources.

In summary, the case studies conducted provided valuable insight into the HMP interactions, challenges and successes. Each HMP has a unique set of strengths and weaknesses, and funding level does not appear to be related to the HMPs accomplishments.

Appendix 1.1: Director Interview Protocol

April, 2010

Tool Introduction

As you may recall, members of your coalition (the director, a board member, and one or more staff person) recently completed a survey about your activities. The survey results were reviewed and analyzed and today, I am following up with additional questions based on the information collected in the survey.

First, we want to know about “engagement”. The survey asked about engagement of coalition members **internally**, but I want to probe into **external** engagement. My question is, “because of your HMP, to what degree have opportunities improved for engaging the community-at-large (both individuals and organizations) around public health issues?”

Probes: What’s different now from when the coalition began? What if your HMP wasn’t here to engage the community in public health issues? (examples of current engagement will be sufficient)

Let’s move on to “collaboration”. Because of your HMP, to what degree have opportunities improved for collaboration or coordination or sharing across organizational boundaries?

Would you please provide an example of sharing resources?

Would you please provide an example of “coordination” toward a common goal? For example, have you ever coordinated activities with another organization to maximize the health impact?

What has been your most valuable inter-agency collaboration?

Based on linkages you have formed, do you expect the work of your HMP to be sustained into the future? (Yes or No) Please explain your answer.

Finally, we would like to ask you to share a “success story”

I would like to be able to share your success story if that is OK with you?

Transition to Program strategies/activities

Thanks for sharing so much detail about your partnership’s engagement and collaboration processes. The success story will be very helpful as we capture and convey valuable lessons from partnership experiences.

This next section is about your programs and the strategies you have been using to achieve program goals. My goal here is to learn about key activities that have been implemented, in non abstract, non theoretical terms – perhaps a good approach is to think of how you have described (or would describe) your programs to people who are not in the health field. Any questions? Let’s go then.

Tobacco

What do you do to prevent tobacco use and/or eliminate second hand smoke? In other words, what tobacco activities have you been working on that are key to your program?

Has your tobacco effort changed over the years, why?

What are the challenges for tobacco prevention efforts?

What are the supports for it?

What is your plan for the next few years for tobacco prevention?

Substance Abuse

What **substance abuse** prevention strategies have you been working on that are key to your program?

Has your substance abuse effort changed over the years, why?

What are the challenges for substance abuse prevention efforts?

What are the supports for it?

What is your plan for the next few years for substance abuse?

Nutrition

What **nutrition** strategies have you been working on that are key to your program?

Has your nutrition effort changed over the years, why?

What are the challenges for nutrition programming?

What are the supports for it?

What is your plan for the next few years for nutrition activities?

Physical Activity

What **physical activity** strategies have you been working on that are key to your program?

Has your physical activity effort changed over the years, why?

What are the challenges for physical activity programming?

What are the supports for it?

What is your plan for the next few years for physical activity?

Chronic disease strategies for early ID and treatment

What **chronic disease strategies for early ID and treatment** have you been working on, in particular, ones that we have not been tracking that are key to you?

Have your chronic disease efforts for early id and treatment changed over the years, why?

What are the challenges for these efforts?

What are the supports for them?

What is your plan for the next few years for chronic disease – early id and tx?

Chronic disease, access to self-management supports

What **chronic disease, access to self-management supports**, strategies have you been working on, that are key to your program?

Has your chronic disease , access to self-management supports changed over the years, why?

What are the challenges to your efforts in this area of prevention?

What are the supports?

What is your plan for the next few years for chronic disease, access to self-management supports?

Coordinated school health strategies

What **coordinated school health strategies** have you been working on that are key to your program?

Has your coordinated school health effort changed over the years, why?
What are the challenges for coordinated school health efforts?
What are the supports?
What is your plan for the next few years for coordinated school health?

Evidence based/promising practices?

One last question – can you tell me if any of the programs or strategies your HMP has implemented are considered evidence based or promising practices?

IF YES – which one/s?

Thanks so much for your time and willingness to answer all my questions –

Appendix 1.2: Staff Interview Protocol

April, 2010

I understand that MCPH staff have been gathering some information on select strategies, but now we'd like to give you an opportunity to talk about all of the program activities that you feel are (or have been) key to your program. I have a few questions, and would like to ask them by program area if that's alright with you. My goal here is to learn about key activities that have been implemented, in non abstract, non theoretical terms – perhaps a good approach is to think of how you have described (or would describe) your programs to people who are not in the health field. Any questions? Let's go then.

Tobacco

What do you do to prevent tobacco use and/or eliminate second hand smoke? In other words, what tobacco activities have you been working on that are key to your program?

What settings have they occurred in?

Has your tobacco effort changed over the years, why?

What are the challenges for tobacco prevention efforts?

What are the supports for it?

Which of your tobacco prevention activities represent the greatest portion of your efforts in this area?

What is your plan for the next few years for tobacco prevention?

Substance Abuse

What **substance abuse** prevention strategies have you been working on that are key to your program?

What settings have they occurred in?

Has your substance abuse effort changed over the years, why?

What are the challenges for substance abuse prevention efforts?

What are the supports for it?

Which of your substance abuse prevention activities represent the greatest portion of your efforts in this area?

What is your plan for the next few years for substance abuse?

Nutrition

What **nutrition** strategies have you been working on that are key to your program?

What settings have they occurred in?

Has your nutrition effort changed over the years, why?

What are the challenges for nutrition programming?

What are the supports for it?

Which of your nutrition activities represent the greatest portion of your efforts in this area?

What is your plan for the next few years for nutrition activities?

Physical Activity

What **physical activity** strategies have you been working on that are key to your program?

What settings have they occurred in?

Has your physical activity effort changed over the years, why?

What are the challenges for physical activity programming?

What are the supports for it?

Which of your physical activity strategies represent the greatest portion of your efforts in this area?

What is your plan for the next few years for physical activity?

Chronic disease strategies for early ID and treatment

What **chronic disease strategies for early ID and treatment** have you been working on, in particular, ones that we have not been tracking that are key to you?

What settings have they occurred in?

Have your chronic disease efforts for early id and treatment changed over the years, why?

What are the challenges for these efforts?

What are the supports for them?

Which of your physical activity strategies represent the greatest portion of your efforts in this area?

What is your plan for the next few years for chronic disease – early id and tx?

Chronic disease, access to self-management supports

What **chronic disease, access to self-management supports**, strategies have you been working on, that are key to your program?

What settings have they occurred in?

Has your chronic disease , access to self-management supports changed over the years, why?

What are the challenges to your efforts in this area of prevention?

What are the supports?

Which of your physical activity strategies represent the greatest portion of your efforts in this area?

What is your plan for the next few years for chronic disease, access to self-management supports?

Coordinated school health strategies

What **coordinated school health strategies** have you been working on that are key to your program?

What settings have they occurred in?

Has your coordinated school health effort changed over the years, why?

What are the challenges for coordinated school health efforts?

What are the supports?

Which of your physical activity strategies represent the greatest portion of your efforts in this area?

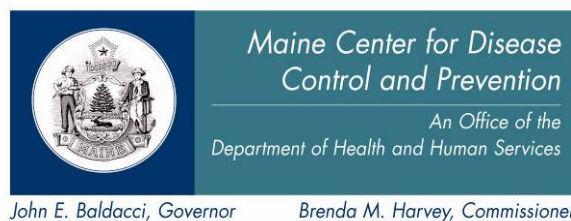
What is your plan for the next few years for coordinated school health?

Evidence based/promising practices?

One last question – can you tell me if any of the programs or strategies your HMP has implemented are considered evidence based or promising practices?

IF YES – which one/s?

Thanks so much for your time and willingness to answer all my questions –



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