MAINE COMMUNITY TRANSFORMATION GRANT ACTION INSTITUTE 2012

Maine Center for Disease Control and Prevention

An Office of the Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

WELCOME

Andy Finch- Senior Program Manager Me CDC, Division of Population Health.

Dr. Sheila Pinette- Director Me CDC

Goals and Purpose

- Institute Goals:
- To ensure a shared vision of CTG goals, strategies, and responsibilities
- To provide resources and tools for successful implementation of CTG objectives across Maine
- To promote understanding of CTG efforts both at the State and National levels
- Purpose: To inform, educate, and create shared vision of national and Maine based CTG goals, and to build relationships, disseminate tools and essential knowledge to enable effective district implementation of CTG objectives.

Transforming Communities

The CTG National Perspective: Debra Wigand

Why are we here:

- ***Our nation's current generation of children is the first one expected to live shorter lives than their parents***

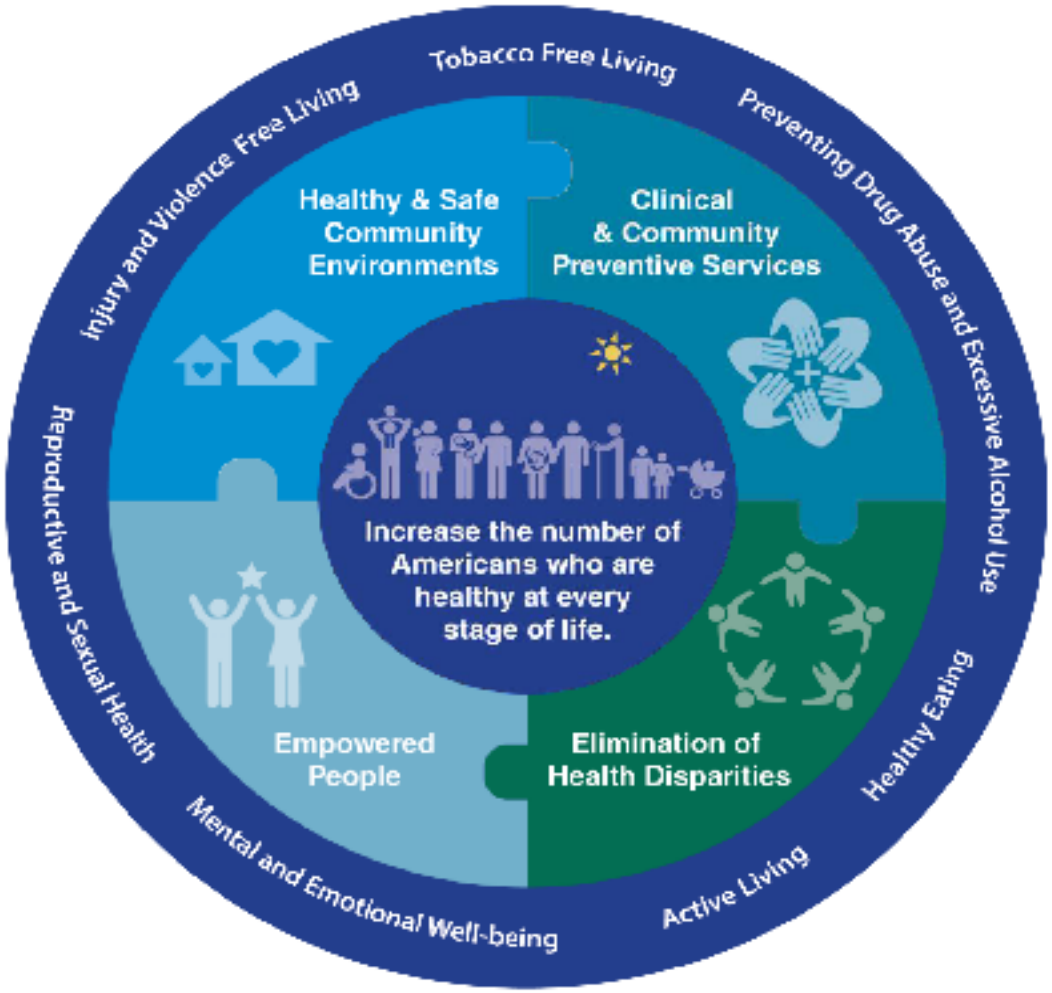
Transforming Communities: Background

- The Affordable Care Act of 2010
- The National Prevention Strategy http://www.healthcare.gov/center/councils/nphpphc
- Collaborative transformation
- CTG Funding : Fiscal responsibility for cost savings in challenging times.

The Affordable Care Act of 2010

"The prevention and public health fund in this bill will provide an **expanded and sustained national investment in programs that promote physical activity, improve nutrition, and reduce tobacco use.** We all appreciate that checkups and immunizations and other clinical services are important. But this bill also recognizes that **where Americans live and work and go to school also has a profound impact on our health**. This is the very first opportunity in a generation – one that may never return – to invest in modernizing the public health system." (Senator Harkin, December 21, 2009, Congressional Record, pp. S13661-62.)

National Prevention Strategy

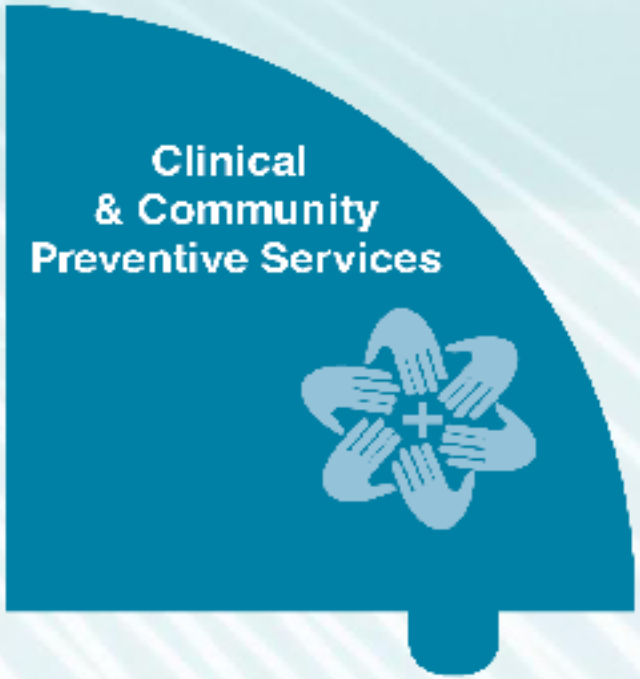


Healthy and Safe Community Environments

- Clean air and water
- Affordable and secure housing
- Sustainable and economically vital neighborhoods
- Make healthy choices easy and affordable

Clinical and Community Preventive Services

- Evidence-based preventive services are effective
- Preventive services can be delivered in communities
- Preventive services can be reinforced by community-based prevention, policies, and programs
- Community programs can promote the use of clinical preventive service (e.g., transportation, child care, patient navigation issues)



Empowered People

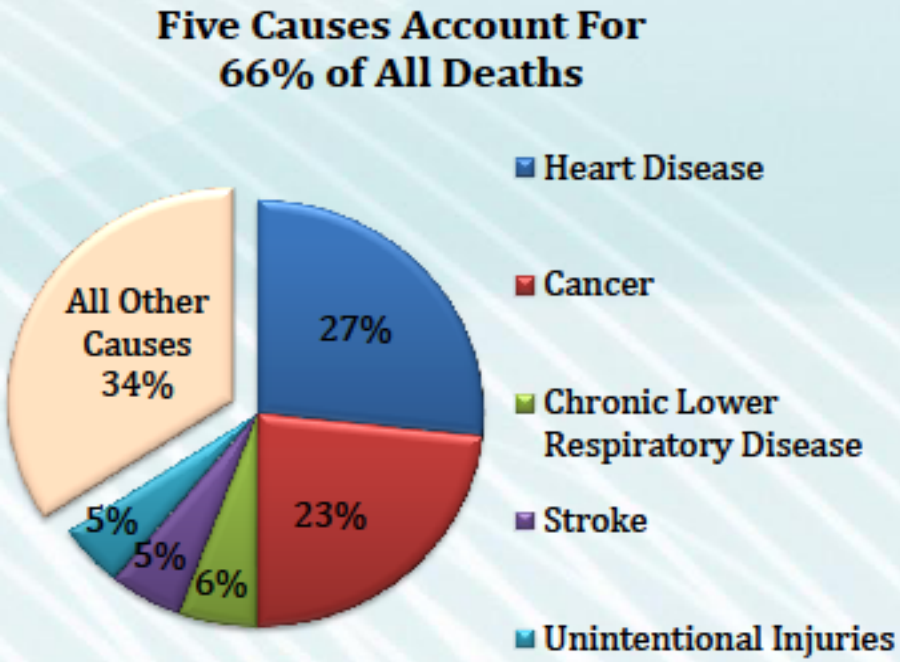
- People are empowered when they have the knowledge, resources ability, and motivation to identify and make healthy choices
- When people are empowered, they are able to take an active role in improving their health, supporting their families and friends in making healthy choices, and leading community change

Elimination of Health Disparities

- Health outcomes vary widely based on race, ethnicity, socio-economic status, and other social factors
- Disparities are often linked to social, economic or environmental disadvantage
- Health disparities are not intractable and can be reduced or eliminated with focused commitment and effort

Priorities

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Mental and Emotional Well-being
- Reproductive and Sexual Health
- Injury and Violence Free Living



Source: National Vital Statistics Report, CDC, 2008

Collaborative Transformation

- We can't achieve the goals of the CTGs unless we collaborate
- Vision of the National Prevention Strategy: multiple sectors at all levels come together to drive their efforts toward health
- CTGs: replicate this model at the community level
- You are not alone: CTG funding should leverage comparable investments in the community by others

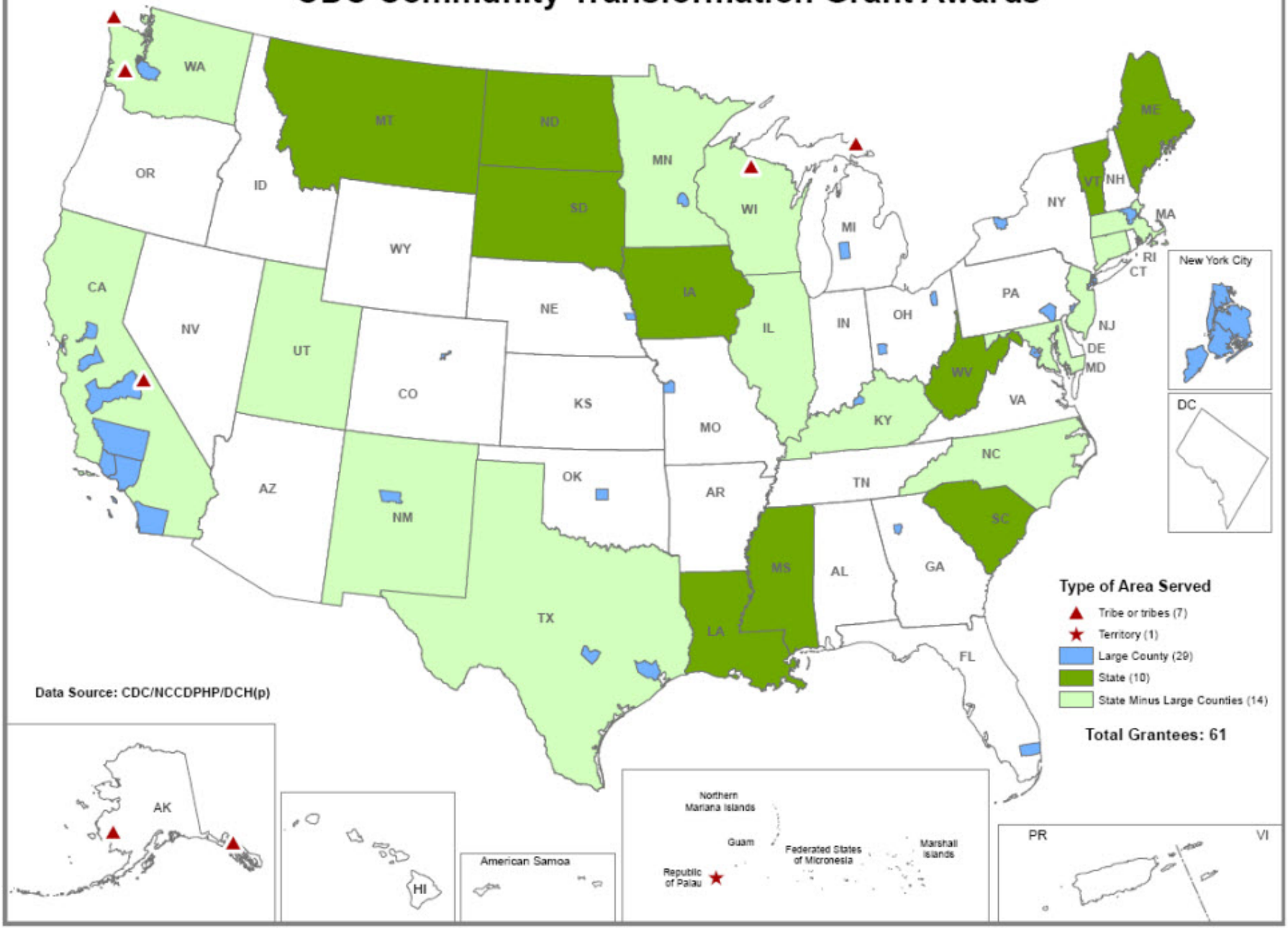
CTG Funding Nationally

- $103 million awarded to 61 states and communities to serve approximately 120 million Americans.

- Awards are distributed among state and local government agencies, tribes and territories, and state and local non-profit organizations within 36 states, including seven tribes and one territory.

  - 26 states and communities capacity-building grantees
  - 35 states and communities implementation grantees
    - Maine is an implementation grantee

CDC Community Transformation Grant Awards



Map produced by CDC/NCCDPHP/DACH/EIAMB-GIS

Date: 9/27/2011

CTG Funding Nationally

- National Networks: Dissemination – Use national networks to disseminate CTG strategies and leverage existing resources
  - **American Public Health Association**
  - **Community Anti-Drug Coalition**
  - **National Farm to School Network at Occidental College**
  - **Asian Pacific Partners for Empowerment, Advocacy and Leadership***

CTG Funding Nationally

- Acceleration – Accelerate spread and reach of CTG strategies in communities nationwide

  - **American Lung Association**
  - **National REACH Coalition***
  - **YMCA of the USA**

  ***Minority Serving Organization**

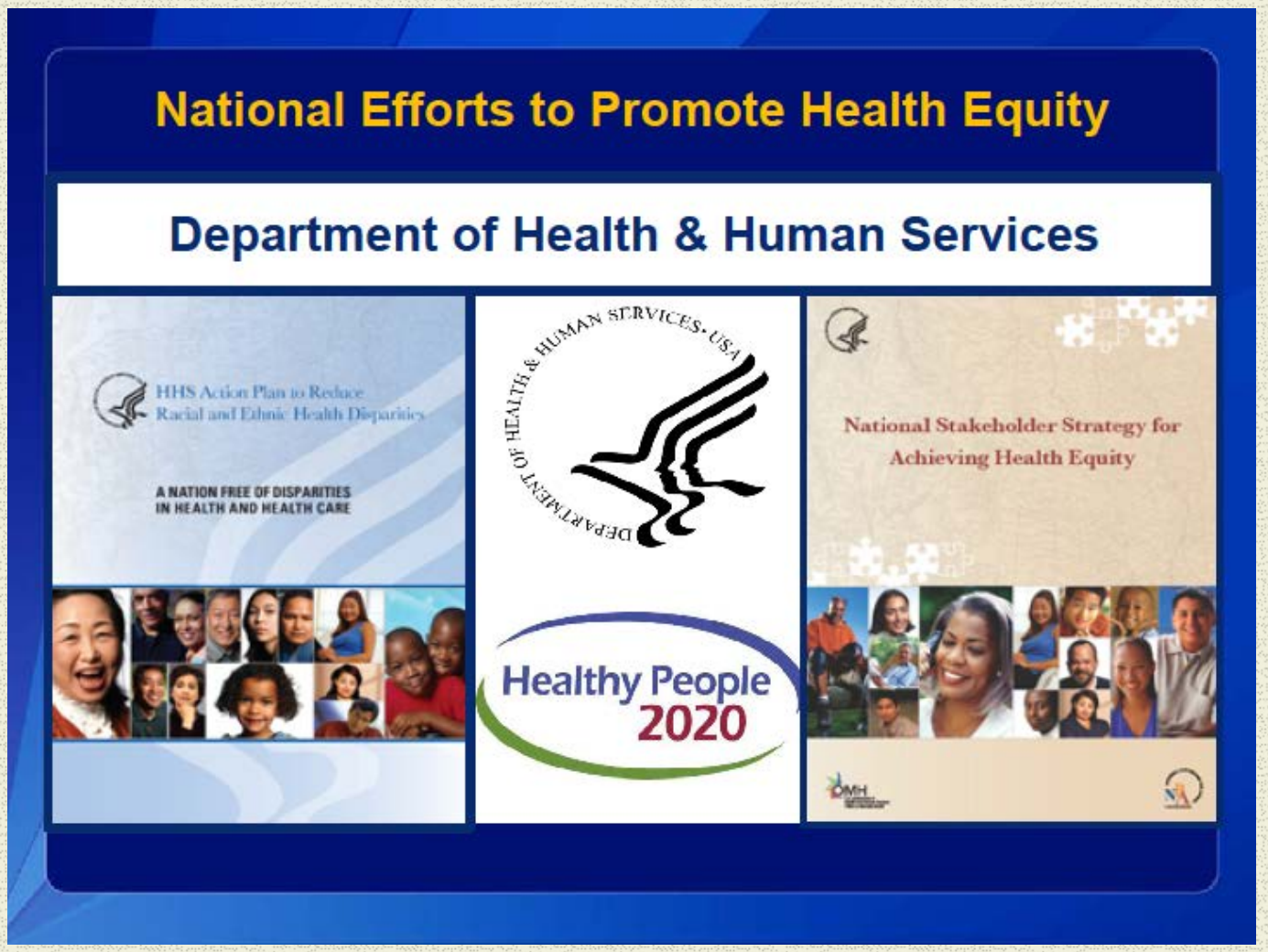
Our Roadmap: CTG's Core Principles

- **Maximize health impact through prevention**
- **Advance health equity and reduce health disparities**
- **Use and expand the evidence-base for local policy, environmental and infrastructure changes that improve health**

1. Maximize health impact through prevention

- Are we maximizing impact?
- Could we reach more people?
- Could our policy or environmental changes be more potent?
- Are we spending time and resources on low impact changes?
- **Mobilize popular support for prevention – transform it into true collaboration to make healthy choices the easy choices in your community**

2. Advance health equity and reduce health disparities



Key Terms:

- **Health Disparities**-preventable differences in the burden of disease, disability, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations[1]

- **Health Equity-** the concept that everyone should have a fair opportunity to attain their full health potential [2]

1. http://www.cdc.gov/nccdphp/dach/chhep/disparities.htm

2. M. Whitehead, World Health Organization EUR/ICP/RPD, 1990.

Health disparities: The Cost

Between 2003 and 2006….

The combined costs of health inequalities and premature death for minorities in the United States were

$1.24 trillion

"The Economic Burden Of Health Inequalities in the United States" – Joint Center for Policy and Economic Studies

Health Equity is Good Public Health

"Health equity is the concept that everyone should have a fair opportunity to attain their full health potential. " World Health Organization, 1990.

Public health is what we, as a society, do collectively to assure the conditions for people to be healthy. IOM, *Future of Public Health in the 21st Century*, 2002

"*To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage*" The Marmot Review, *Fair Society, Healthy Lives*., 2010

Advance health equity and reduce health disparities

1. Has the community been engaged?

2. Have you anticipated and addressed barriers that underserved populations may face with implementation of your interventions?

3. Have you considered and accounted for potential unintended consequences

3. Use and expand the evidence-base

A message from CDC Director Thomas Frieden:

We are at a critical place and have a collective responsibility to:

- make it clear to all what the impact is of what we are doing.
- implement effectively, document well, and provide information to our stakeholders

Community Transformation Grant Impact and Outcomes

- Strategic directions:
  - Tobacco-free living
    - Protect people from second hand smoke
  - Active living and healthy eating
  - Increased use of high impact quality clinical preventive services
    - Changes in usual clinical care to control high blood pressure, high cholesterol
- Grantees must achieve progress in:
  - changes in weight
  - changes in proper nutrition
  - changes in physical activity
  - changes in tobacco use prevalence
  - changes in emotional well being and overall mental health

Advance Transformation by Working Together

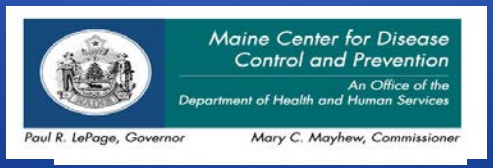
"The whole is greater than the sum of its parts." - Aristotle

Transforming Communities

CTG in Maine: Andy Finch

Transforming Maine's Communities

Andrew Finch
Sr. Program Manager
Division of Population Health
Maine Center for Disease Control and Prevention
287-3886



CTG in Maine

$1.3M Community Transformation Grant awarded to Maine in September 2011

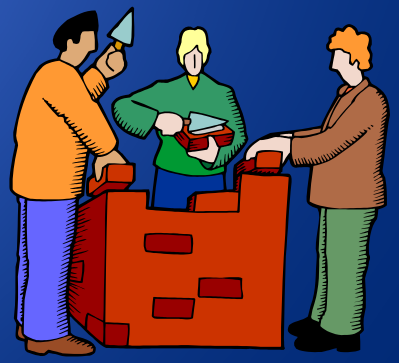
- At least 50 percent of the total grant funding to local community entities ensuring local participation.

- Coordinate with multiple sectors such as transportation, education, health care delivery, agriculture and others.

Builds on Previous Efforts

Communities Putting Prevention to Work

- Forerunner to CTG with a focus on obesity and tobacco & funding for policy and environmental change
- Importance of prevention activities in reducing the burden of chronic disease
- State and community partnership



Previous Efforts Continued

Healthy Maine Partnerships:

- Developed understanding of, and capacity for, policy and environmental change at the local level
- 50/40/10 requirements of the Programming matrix
- Broadly spread implementation across Maine's communities

District Coordinating Councils:

- Bringing together the key public health partners in each District
- Coordination of work through the State Coordinating Council

State Wide Implementation

- **Tobacco-Free Living**
- **Access to Healthy Foods**
- **Clinical Services**

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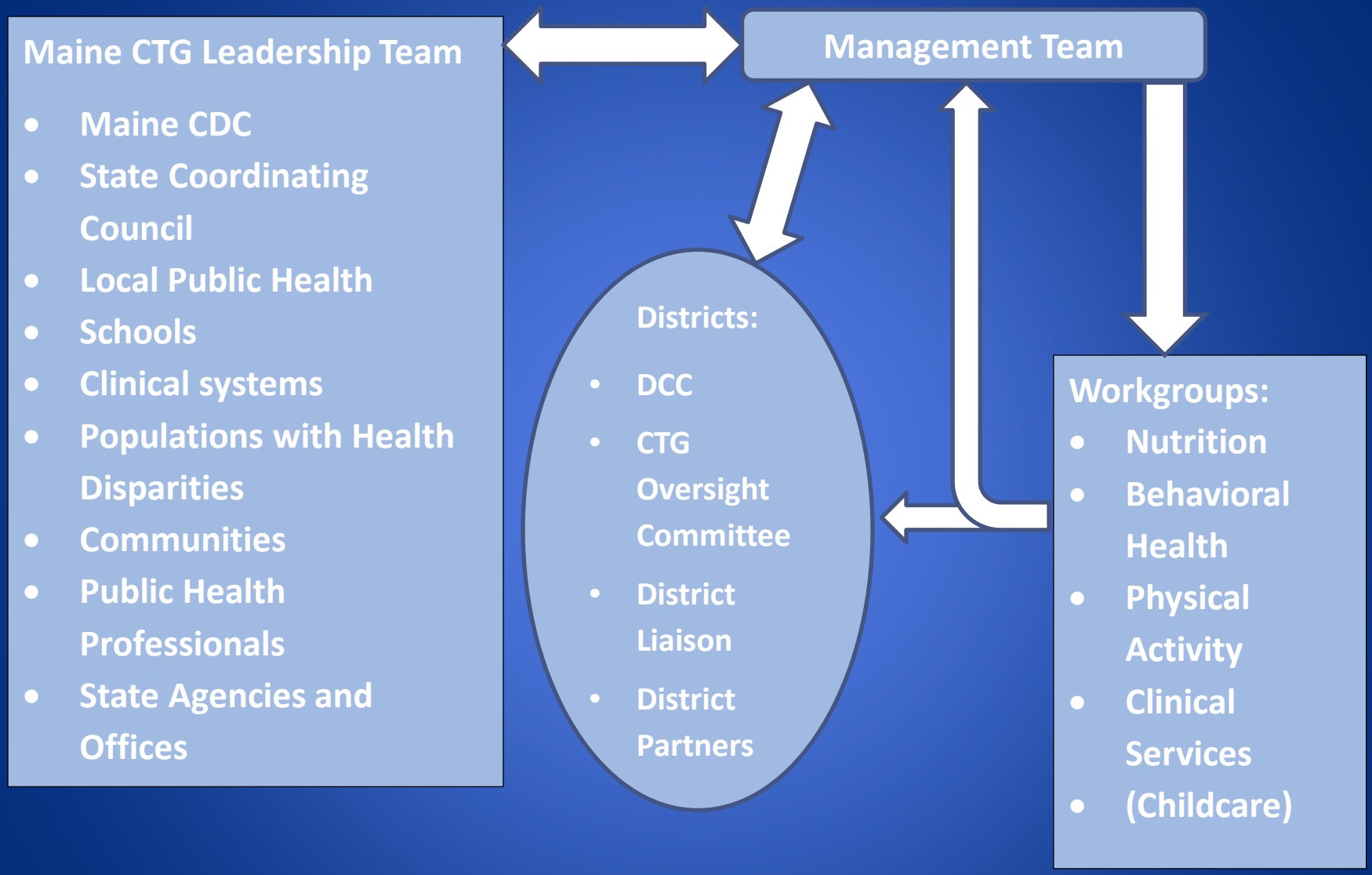
District-Level Implementation

- Access to Healthy Foods
- Increased Physical Activity
- Safe Community Environments for Physical Activity
- Clinical Services


Maine CTG Leadership Team
Maine CDC
State Coordinating Council
Local Public Health
Schools
Clinical systems
Populations with Health Disparities
Communities
Public Health Professionals
State Agencies and Offices
Management Team
Districts:
DCC
CTG Oversight Committee
District Liaison
District Partners
Workgroups:
Nutrition
Behavioral Health
Physical Activity
Clinical Services
(Childcare)

Contractors

The Nine Public Health Districts – Partners in Implementation

Market Decisions – Evaluation

Medical Care Development – Essential Staffing

Maine Primary Care Association – FQHC Clinical Systems

State Partners

- Behavioral Health – OSA & Adult Mental Health
- Office of Child and Family Services
- Dept. of Education
- Office of Health Equity
- Others as we progress

Evaluation

On-going performance measurement

Integration of best practice healthy eating policy and environmental change strategies into school and community based settings

Bridging Primary Care and Community Resources

Evaluation in Three Areas

- Schools
- Early Child Care sites
- FQHCs

Health Disparities/Health Equity

- Twenty percent of Maine's children live in families with income below the federal definition for poverty
- Low income children and adults shoulder a disproportionate burden of diseases and are much less likely to report engaging in healthy habits at the recommended levels

Tell the Story!

Infrastructure Objectives

State level

District level

Cost Study

- One of 27 sites selected for cost study
- Conducted by RTI
- Similar to that for CPPW

What's Next


Frank and Ernest
I'M GOING TO CRAWL UP ON THE BEACH AND EVOLVE. CAN I BRING YOU ANYTHING?
THAVES 2-21
E-mail:FandE@THECOMICS.COM
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PA Break

Setting the Stage :The Structure for CTG

Stacy Boucher

- CTG State-level Management Team
- CTG Leadership Team
- CTG Evaluation Team
- CTG Workgroups:
  - Behavioral Health
  - Nutrition
  - Physical Activity
  - Clinical Focus

CTG Management Team

- Structure
- Responsibilities
- The Team:
- Andy Finch- Senior Program Manager, MCDC, Division of Population Health
- Kristen McAuley-Senior Program Manager, MCDC, DPH
- Dawn Littlefield- Community Transformation Grant Project Manager
- Stacy Boucher-Public Health Liaison, Division of Local Public Health
- Lindsay Gannon- State Agency Coordinator
- Pat Hart- Evaluation Consultant
- Ashley Devereaux- CTG Project Assistant

CTG Leadership Team

- Structure
- Responsibilities
- CTG Leadership Team Members:

Debbie Wigand(co-chair)
Shawn Yardley (co-chair)
Joanne Joy-LGBTQ
Robin Mayo- rural / frontier area
Lorrie Potvin- Clinical
Leticia Huttman- Behavioral Health
Rich Abramson-schools
Rick Lyons-schools
Tina Pettingill- MPHA
Clarissa Webber- Tribal
Mary Agnes Gillman-FQHC
Mike Aube-Business
Paul Niehoff -Metropolitan Planning Organization

- *Staffed by: Dawn Littlefield CTG Manager*
  Ashley Devereaux CTG Project Assistant

CTG Evaluation Team

- Structure and Team
  - Market Decisions is contracted for the CTG evaluation.
  - Lead Evaluator for Maine's CTG is Pat Hart
  - Lead Analyst is Patrick Madden

- Responsibilities:
  - Performance tracking and monitoring
  - In depth evaluation on selected strategies
  - Publishing findings in peer reviewed journals
  - Supporting national evaluation efforts-Cost Study

CTG Workgroups

- Structure
  - Behavioral Health
  - Nutrition
  - PA
  - Clinical Focus
- Charge
  - The work groups are developing individual charges that identify the overall responsibility for contributing expertise, strategy development , and resource identification for implementation to support state and district CTG implementation.

Behavioral Health

Members:

Led by Andy Finch and Lindsay Gannon
Dr. Lindsey Tweed-Office of Child and Family Services(OCFS)
Stephanie Barrett- (OCFS)
Leticia Huttman- Office of Adult Mental Health Services
Geoff Miller- Office of Substance Abuse
Christine Theriault- Office of Substance Abuse
Dorean Maines- DPH, PTM Program Manager
Carol Coles- DPH, PTM
Dawn Littlefield- CTG Project Manager
Pat Hart- CTG Evaluator
Kristen McAuley- DPH, Sr.PM

Nutrition

Members:

Led by Andy Finch

Holly Richards, DPH, CVH

Gail Lombardi, Department of Education

Heidi Kessler, Let's Go 5210 Goes to School

Lindsay Gannon, CTG State Coordinator

Sheila Nelson, DPH, Coordinated School Health Program

Susan Berry, DOE, CSHP

Mary Ellen Doyle, DPH, PAN-HW

Ken Morse, Healthy Oxford Hills and Farm 2 School

Dawn Littlefield, CTG Project Manager

Kristen McAuley, DPH, Sr.PM

Pat Hart- CTG Evaluator

Physical Activity

Members:

Led By Dawn Littlefield

Doug Beck- DPH, PAN-HW (co-lead)

Jamar Croom- Maine Nutrition Network

Jayne Chase-DOE

Joe Boucher-DOE

Ranae L'Italien- Kennebec Valley YMCA

Rick Fortier- Let's Go, 5210 Goes to School

Andy Hamblett- Boothbay YMCA

Deborah Chase- Maine After School Network

Pat Hart-CTG Evaluator

Dan Stewart- Department of Transportation

Clinical

Members:

Troy Fullmer, DPH, CVH Program Manager (co- lead)

Valerie Ricker, DPH, assistant Division Director (co-lead)

Pat Hart- CTG Evaluator

Mary Agnes Gillman- FQHC director

Rebecca Morin- Maine Primary Care Association

David Pied- DPH, CVH

Nate Morse- DPH, Diabetes Program

Shonna Poulin-Gutierrez- DPH, Maine Breast and Cervical Program

Elizabeth Foley- Medical Care Development

Dawn Littlefield-CTG Project Manager

LUNCH and networking

A Road Map to Implementation

Dawn Littlefield

Transforming Communities by Design

- Key Settings
  - Schools
  - Early Care and Education
  - Comprehensive Community Design

Some Stats: Current Youth Dietary Patterns

- 78% of HS students do not eat enough fruits and vegetables[1]
- 23% of children and 32% of adolescents skip breakfast[2]
- 80% of U.S. youth consume a sugar sweetened beverage on a typical day[3]
- Empty calories account for 40% of total calorie intake among school aged children[4]

- 1.National Youth Risk Behavior Surveys, 2009
- 2. J Am Diet Assoc 2010;110:869-878
- 3. Pediatrics 2008;121:e1604–e1614
- 4. J Am Diet Assoc 2010(110):1477-1484

Why Schools?

- 61 million young people attend public and private schools in the US
- US children attend school for at least 6 hours per day, 180 days per year.
- Multiple opportunities to consume foods and beverages
  - School Meal Programs
  - School stores, vending machines, snack bars
  - School celebrations and classroom parties
  - School fundraisers
- Learning environment

Healthy, Hunger Free Kids Act of 2010

- Reauthorizes six major federal nutrition programs
- Occurs approximately every five years
- 2010 priority areas related to school food environment:
  - Updated nutrition standards for free and reduced price breakfast and lunch
  - Local wellness policies
  - Standards for food sold outside the federal school meal programs
  - Access to drinking water during meal periods

Current Federal Regulations

- USDA regulations prohibit the sale of foods of minimal nutritional value (FMNV) in the food service areas during the lunch and breakfast periods 1-2
- Only applies to 4 Categories of foods
- Does not include candy bars, non-carbonated soft drinks, chips, cookies and ice cream

1) 7 C.F.R. Sect. 210.11 2) 7 C.F.R. Sect. 220.12

Competitive Foods

- Any food or beverage sold or served outside of the school meal program
- Main source of low-nutrient, energy-dense foods consumed at school
- Available through multiple venues
  - A la carte lines
  - Snack bars
  - School stores
  - Vending machines
  - Classroom celebrations and activities
  - Fundraisers on school grounds

USDA SCHOOL MEAL PROGRAMS

- National School Lunch Program (NSLP)
- School Breakfast Program (SBP)
- Afterschool Snacks and Meals
- Summer Food Service Program
- Fresh Fruit and Vegetable Program
- Special Milk Program

Section 201:

- Performance Based Reimbursement Rate Increases for New Meal Patterns:
- Standards based on 2009 IOM Report for School Meals
- Aligns with 2005 Dietary Guidelines for Americans
- Additional six cents for each qualifying meal served

- Proposed rule: Public comments closed April 2011
- Final Rule: Expected Winter 2012

Section 203:

- Access to Drinking Water
- Requires schools participating in the NSLP to make potable water available to children
- Effective at the beginning of school year 2011/2012
- Reasonable costs associated with providing potable water would be an allowable cost to the non-profit food service account

- Proposed rule: Winter 2012
- Final rule: Summer 2013

Section 204:

- Local Wellness Policy Implementation
- Requires all districts to establish a local school wellness policy including
- Goals for nutrition promotion and education, physical activity & school wellness activities
- Nutrition guidelines for all foods available on school campus during the school day
- Requiring School systems to permit parents, students, teachers, school board members and the general public to participate in development, implementation, review and updating of the LWP
- Requiring Schools to inform and update the public about LWP content and implementation

- Proposed Rule - Fall 2012
- Final Rule - Fall 2013

Section 209:

- Reporting on the Nutrition Environment
- School systems will be required to report on the nutrition environment for all their schools
- Reporting to the public to include local wellness policies
- Information to the public must be accessible and easily understood

Section 208:

- Nutrition Standards for All Foods Sold in Schools
- Applies to all foods sold: outside of the school meal programs
  - on the school campus
  - any time during the school day
- Consistent with the most recent Dietary Guidelines for Americans

- Proposed rule: Winter 2012
- Final rule: Summer 2013

Nutrition Services

Institute of Medicine's Nutrition Standards for Foods Served in School

www.cdc.gov/healthyyouth/nutrition/standards.htm

National Association for Sport and Physical Education

- NASPE recommends school-age children accumulate at least 60 minutes and up to several hours of physical activity per day while avoiding prolonged periods of inactivity.
- Students need access to physical activity throughout the day to meet these recommendations.
- Integrating PA into the classroom:
  - provides opportunities to infuse meaningful activity during the school day.
  - Assists in activating the brain and improves on task behaviors during academic instruction time.
  - Increases daily in-school physical activity levels

GUIDELINE 4

Physical Education and Physical Activity

Comprehensive School-Based Physical Activity Program

Walk- or Bike-to-School Programs

Daily Recess for Elementary Schools

Interscholastic Sports

Classroom-Based Physical Activity Breaks

Quality Physical Education

Intramural and Physical Activity Clubs

School Environment Strategies:

- Selected Strategies to Encourage Healthy Eating and Physical Activity within School settings.

- Promote access to healthy foods and physical activity at school.
- Provide suitable facilities for healthy eating.
- Establish safe spaces and facilities for physical activity.
- Avoid using physical activity as punishment.
- Avoid using food items to reward students.

Understanding School Priorities

- Competing Demands
  - Budget and funding cuts
  - Layoffs and furloughs
- ESEA Reauthorization –Elementary and Secondary Education Act
  - Standardized tests
  - Absenteeism, drop-out reduction, graduation retention

Questions to consider:

- What do I want from schools/districts as part of a partnership effort?
- What are the benefits for the school and to my plan?
- Where are my entry points –who do I know at the District and School level?
- What can I offer schools/districts as part of a partnership effort?
- How can I link the district's academic standards to my plan?

Some Ideas:

- Serving on a school health council or other school committee
- Facilitating a School Health Index Training
- Inviting an influential school person to sit on your health board/committee
- Linking the district's academic standards to your plan
- Sharing win-win ideas for the sake of health and wellness

Why Early Care and Education Sites?

- Increasing rates of food insecurity in families with children under six
- Increasing prevalence of obesity in children two to five years of age
- Good nutrition in child care supports good health, early learning & a lifetime of healthy habits
- CACFP served ~1.3 billion meals & snacks in child care centers, Head Start & family child care (2010)

Spectrum of Opportunities for State Action for Obesity Prevention: Early Care & Education Setting

Developed from CDC's Expert Panel on Obesity Prevention in Early Care and Education, Sept. 2010

Healthy, Hunger-Free Kids Act

Improves CACFP & Reduces Barriers to Participation by:

- Reducing paperwork for parents, providers, centers & sponsors
- Increasing access in low-income neighborhoods
- Protecting state staffing
- Improving promotion of good nutrition & wellness
- Encouraging improvements in child care licensing

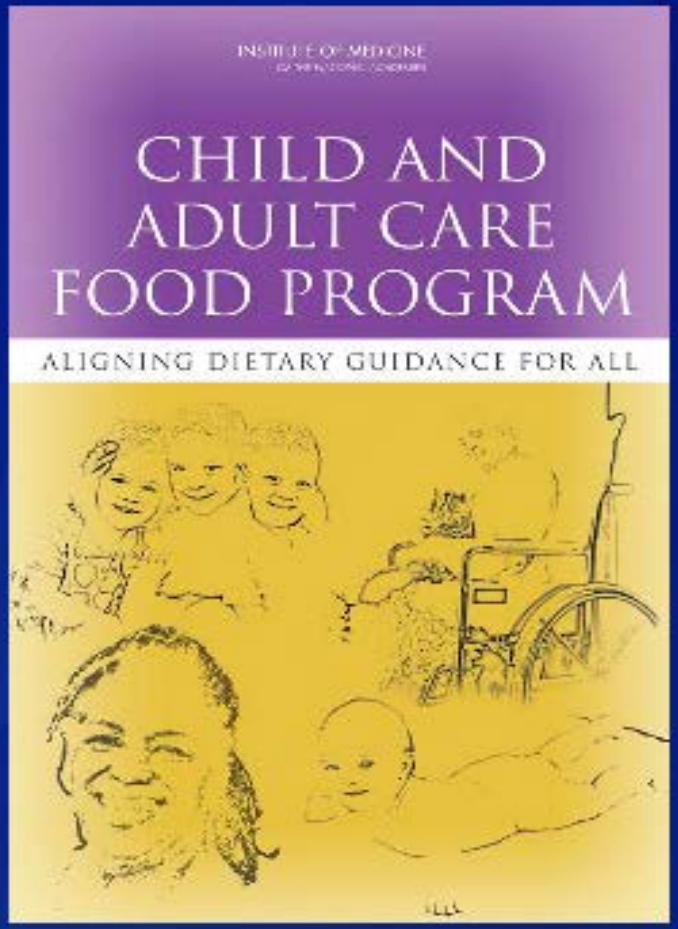
Promoting Good Nutrition & Wellness

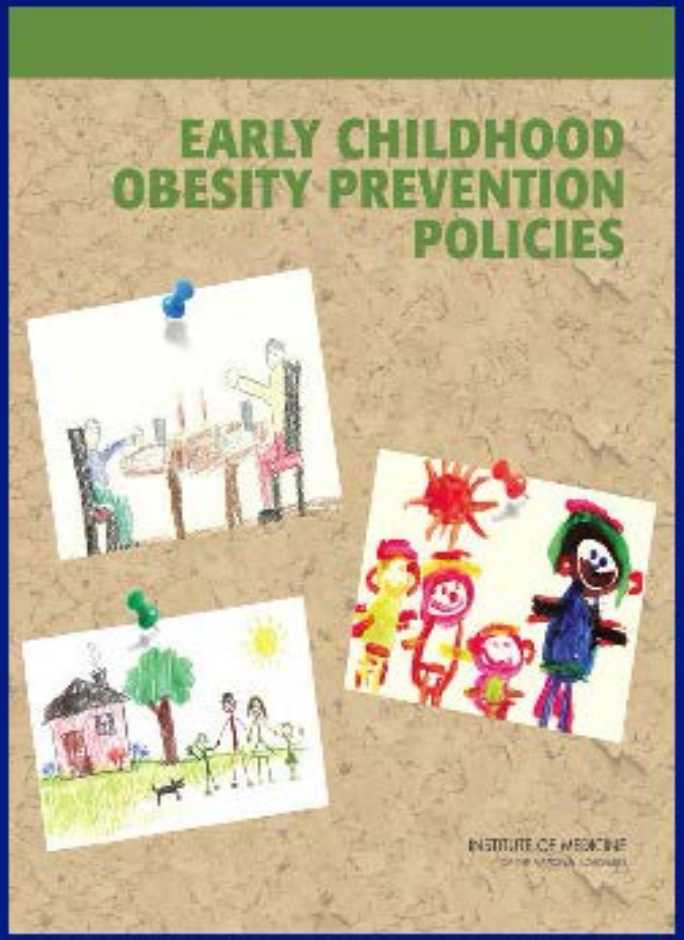
- Improves CACFP nutrition standards
  - CACFP Meal & Snack Standards
  - Revisions will be based on IOM report, CACFP: Aligning Dietary Guidance for All(2010)
  - Increase consumption of Fruits and Vegetables, whole grains, & lean proteins
  - Improve physical activity and reduce screen time
- Requires nutrition, health & wellness education

Promoting Health and Wellness

- CACFP Health & Wellness Education
  - CACFP required to promote health & wellness in child care, with a focus on offering good nutrition, plenty of physical activity, & limiting screen time
- Child Care Licensing
- Resources
  - Caring for our Children: Preventing Childhood Obesity in Early Care and Educations Sites
  - Let's Move
  - NAPSACC
  - 5210 Goes to Childcare

Recent Institute of Medicine Reports





LET'S MOVE!

Child Care




Resources

Nutrition
And
Physical Activity
Self
Assessment for
Child
Care

www.center-trt.org

NUTRITION PHYSICAL ACTIVITY OBESITY

NAP SACC Steps & Timeline

Self-Assessment

Month 1

Action Planning/Goal Setting

Workshop Delivery

Months 2, 3

Targeted Technical Assistance

Months 4, 5, 6

Evaluate, revise, repeat

NAP SACC

5 Goals

LET'S MOVE! Child Care

www.HealthyKidsHealthyFuture.org

1 Physical Activity

Provide 1-2 hours of physical activity throughout the day, including outside play when possible.

2 Screen Time

No screen time for children under 2 years. For children age 2 and older, strive to limit screen time to no more than 30 minutes per week during child care, and work with parents and caregivers to ensure children have no more than 1-2 hours of quality screen time per day (as recommended by AAP).

3 Nutrition

Serve fruits or vegetables at every meal, eat meals family-style whenever possible, and don't serve fried foods.

4 Beverages

Provide access to water during meals and throughout the day, and don't serve sugar-sweetened drinks. For children age 2 and older, serve low-fat (1%) or non-fat milk, and no more than one 4- to 6-ounce serving of 100% juice per day.

5 Breastfeeding

For mothers who want to continue breastfeeding, provide their milk to their infants and welcome them to breastfeed during the child care day. Support all new parents' decisions about infant feeding.

Comprehensive Community Design

Necessary and important, but not enough. >

< We must build communities where people are *intrinsically* more active.

www.markfenton.com

Physical Activity Guidelines 2008

- 150 minutes/week of moderate physical activity; more is better.
- Any activity is better than none.
- Can be broken up.
- 300 min/week for children.
- Reduced risk for CVD, diabetes, osteoporosis, obesity, dementia in old age, clinical depression, a growing list of Cancer

Core principals for Comprehensive Design

- VISION
- It's not really about building sidewalks & painting bicycle lanes & crosswalks.
- It's about building the capacity and the policies to create these everywhere.
- LEADERSHIP
- It's not about new *money*. It's about spending the same money *smarter*.
- It's about the long term vision, political & community will to make it a reality.

What is an Active Community???

- Active Community Environments (ACEs) are places where people of all ages and abilities have the opportunity to live, work and play in a safe and inviting place which enables physically active recreation and transportation, particularly walking and biking. These places support and promote physical activity for ALL people.

What is a ACET???

- **Active Community Environment Teams (ACET's)** encourage environmental and policy change that will increase levels of physical activity and improve public health by promoting walking, bicycling, and the development of accessible recreation facilities.
- ACET's advise
  - policy makers and planners in supporting and enhancing community designs that encourage all
  - citizens to be physically active in their daily lives. ACET's are the key to implementing Active
  - Community Environment concepts.

Active Community Environment Team

- ACET – core committee members
  - City / Town administrators and or elected officials
  - City / Town planner
  - Director of Parks & Recreation or their representative.
  - Director of Public Works or their representative.
  - Superintendent of Schools (in RSU locales – local high school principal
  - Representative of local trails / bicycle-pedestrian coalition or similar citizen based agency

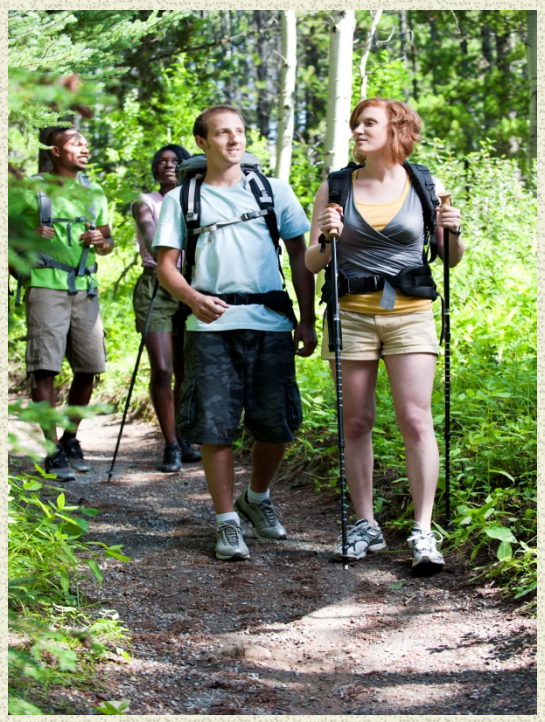
What is Active Living

- Active living is a way of life that integrates physical activity into daily routines. The goal is to accumulate at least 30 minutes of activity each day. Individuals may achieve this by walking or biking for transportation, exercise or pleasure; playing in the park; working in the yard; taking the stairs; and using recreation facilities."

"A Primer on Active Living by Design" (Robert Wood Johnson Foundation, 2004)

Last thought…

Active living communities are fun and exciting places to live, providing plentiful choices for recreation and social interaction.



Questions????

PA Break

Breakouts:

Essential Information for Implementation

Two Concurrent one hour breakouts:

2:15-3:15-3:30-4:30

- Schools
- Early Care and Education
- ACET's

Round Table Discussions:

Four rotations of 30 minute 6:00- 8:00

- Early Care and Education- *Let's Go Goes to Child Care- Emily Cooke, Amy Root – NAPSACC Consultant Master Trainer Maine Nutrition Network*
- Alliance for a Healthier Generation: Healthy Schools Program – *Kathy Wilbur*
- Smart Moves for ME-*Jamar Croom, Maine Nutrition Network*
- Healthier US Challenge- *Gail Lombardi-DOE, Heidi Kessler-5201 Goes to School*
- 5210 Goes to School/PA- *Rick Fortier*
- Active Community Environment Teams-*Doug Beck-PAN-HWP*
- Farm to School/Food Corp-*Ellie Libby, Extension Educator, University of Maine Cooperative Extension, Renee Page- HCCA*