



### Promote Healthy Communities

Gro-WA Work Component K



#### Introductory section

Washington County has high rates of poverty and low incomes across the region; they are acutely felt among elderly and Native American residents. In addition, the adult population shows high rates for obesity, diabetes, asthma, heart disease, lung disease, and several forms of cancer, which is reflected in associated high rates of hospital utilization and mortality. The amount of regular exercise and fruit and vegetable consumption among adults and youth is average among Maine counties. However these rates are low relative to public health guidelines and the fraction of adults with a sedentary lifestyle is abnormally high. Daily intake of sugary beverages by high school and middle school youth are the highest among Maine counties, a plausible contributor to our high relative rates for overweight and obesity. The county rate of accidental deaths is disturbingly high for both vehicular and non-vehicular categories. Infectious disease indicators point to relatively low county rates of incidence.

The adult and youth populations show inordinately high rates for smoking and binge drinking, despite progressive declines over the last decade. Misuse of prescription drugs is relatively high among the adult population, though the rate of opiate abusers receiving treatment in the last 5 years is increasing. Misuse of prescription drugs by high school youth remains a problem; though it is average among other Maine counties.

Washington County is often deemed a “[food desert](http://www.ers.usda.gov/data-products/food-access-research-atlas)”, a term that comes from the Food Access Research Atlas of the USDA (<http://www.ers.usda.gov/data-products/food-access-research-atlas>). In a food desert “those with low incomes have limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food”. However the two Census Tracts (9551, 9559) in Washington County where these criteria are met include our large depopulated areas and account for only 18% of our population (<http://www.gro-wa.org/food-desert-or-not>).

All of these statistics can be forbidding. It is important to recognize however that the data is sometimes generalized from conditions in a portion of the county to its entire extent (either for purposes of obtaining grant funds or without truly looking further than general county data) and that community responses are hopeful and extensive.

Coordinated by the Healthy Maine Partnership organization, Washington County: One Community, Washington County is completing a public health improvement plan (<http://www.gro-wa.org/washington-county-public-health-assessment>). It is the product of several years of extensive outreach among dozens of stakeholders (individuals and agencies) throughout the County through surveys, research and numerous public meetings. It includes a vision; four community assessments (Themes and Strengths, Health Status, Local Public Health, and Forces of Change); and identification of strategic issues, goals, and an action plan.



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#### Findings

To address the grim statistics described above, an extensive outreach process yielded the following highest priority goals for the Washington County Public Health Assessment:

1. All Washington County residents will have access to a full continuum of affordable health care services – implementation measures include expansion of telemedicine and support of community/volunteer networks.
2. Washington County residents will have access to healthy lifestyle options – implementation measures include increase options, infrastructure and access to healthy local food as well as increasing opportunities for physical activity.
3. Washington County will reduce/prevent/manage substance abuse - implementation measures to increase awareness of impacts and provision of healthy alternatives.

Goals 2 and 3 coincide directly with the Promotion of Healthy Communities work of the GROWashington-Aroostook regional planning initiative. There are well-established organizations and networks that constitute the Healthy Communities work team.

Proximity to places for physical activity determines the likelihood of increased physical activity. Mapping available resources and known disparate populations can identify gaps and interventions determined to improve access. This mapping is underway (<http://www.gro-wa.org/being-active-in-washington-county>). In addition there are multiple bicycle and pedestrian plans and walkability assessments completed for Washington County municipalities (<http://www.wccog.net/bikepedplanning.htm>). These plans and assessments identify areas in need of improvement, and can be used to increase community alternatives for safe physical activity (and support grant requests to upgrade facilities). Such improvements can enable people to safely get where they need to go by walking or biking, and ensure that recreation areas are safe and readily accessible.

Engagement of local partners and municipal officials in the direct connection between the built environment and health is also essential. Local stakeholders can use “Complete Streets” design approaches to educate residents on the safety and health benefits of interconnected streets with sidewalks, bike lanes and other amenities that support physical activity. Such policies can increase the knowledge and awareness about active living, healthy eating, and healthy weight.

Municipal government can also adopt policy on the food resources and distribution systems available to a community. To increase access to and availability of locally produced healthy foods, particularly to low-income residents; municipalities can partner with local Farm to School organizations, food assistance agencies, and other food system advocates. Such partnerships can explore the incentives for and feasibility of a municipal or regional food council and how to promote municipal engagement.



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Finally, there is a vibrant and growing local food movement in Washington County that is working on all aspects of the food system to increase access to healthy, locally grown sources of food (<http://www.gro-wa.org/wcfood>).

### Analysis and Basic Conclusions

Washington County producers, consumers, distributors and organizations concerned with food security are working together to strengthen the food system. As energy costs rise, the traditional food system that relies on shipping food tremendous distances becomes unsustainable.

In April and May of 2013 several public meetings were held to discuss the food system in Washington County. The results of audience polling, additional interviews with underrepresented groups, and an on-line survey of all stakeholders (over 150 participants) determined the key food system issues: Food Hubs including storage, processing and distribution; Food Security including access for low income residents and the food pantry/community meal system; and Attracting Farmers to Washington County. A Washington County Food Summit held in March 2014 to focus discussion, training and action on these highest priority issues for building the food system (<http://www.gro-wa.org/washington-county-food-summit>).

There are multiple measures in the work plan of Washington County: One Community to address issues of substance abuse. Most, if not all, are fundamentally based on engagement of the community – businesses, municipalities, schools, retailers, and health care providers. While the substance abuse statistics for Washington County can be discouraging it is critical to recognize that the problem is not unique to our region or our state. The difference between those communities and regions that change and/or thrive in the face of substance abuse issues is the support and involvement of the community. And on that score Washington County is demonstrating success (<http://www.gro-wa.org/washington-county-public-health-initiatives>).

Measurable improvements in both substance abuse and chronic disease are not yet apparent given that poverty is still very high (~20% of households). In addition Washington County has an aging population that is the result of natural aging, in-migration of seniors, and an exodus of youth and young adults.

### Suggested Actions

The annual work plan for the Healthy Maine Partnership, Washington County: One Community (WC:OC) is replete with ideas, programs and policies to address the health disparities, food system gaps and substance abuse problems. Several of these programs are noted below (Implementations Already Occurring); they are supported through a whole variety of state and federal funding sources and WC:OC is perpetually seeking resources to continue or expand them. Of equal significance to the success of these programs are the people – staff, volunteers, stakeholders – who participate in their communities. This participation includes schools, health care providers, parents, social service agencies, church and ecumenical organizations, food



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pantries, and those who provide technical support to businesses, residents and children; in short the entire community.

Even those publications that provide program and policy recommendations for addressing problems of chronic disease, obesity, tobacco use, means of being physically active may be produced by State and Federal agencies, non-profits or educational institutions; yet the vast majority of their specific implementation measures are community-based strategies.

The National Center for Environmental Health, Division of Emergency and Environmental Health Services (a division with the Centers for Disease Control) has produced a toolkit entitled “Planning and Health Resource Guide for Designing and Building Healthy Neighborhoods” ([http://www.cdc.gov/healthyplaces/toolkit/planning\\_for\\_health\\_resource\\_guide.pdf](http://www.cdc.gov/healthyplaces/toolkit/planning_for_health_resource_guide.pdf)). It provides example design guidelines, strategies, toolkits etc. that follow the CDC’s Healthy Community Design checklist ([http://www.cdc.gov/healthyplaces/factsheets/healthy\\_community\\_checklist.pdf](http://www.cdc.gov/healthyplaces/factsheets/healthy_community_checklist.pdf)); its sub-heading (Health starts where you live, learn, work and play) once again reinforces that our solutions to chronic disease, substance abuse and access to healthy choices starts at the most local of levels.

### Implementation already occurring

The Washington County Food Summit, held in March 2014, provided discussion, training and action on the highest priority issues for building the food system: Food Hubs including storage, processing and distribution; Food Security including access for low income residents and the food pantry/community meal system; and Attracting Farmers to Washington County (<http://www.gro-wa.org/washington-county-food-summit>).

WCCOG is updating the local Comprehensive Plan template used for communities in Washington County (<http://www.gro-wa.org/regional-coordination-templates>) to provide best practice on “Complete Streets” design approaches to promote increased physical activity and active healthy lifestyles, as well as other policies to support healthy lifestyles.

There are multiple measures in the work plan of Washington County: One Community to address issues of substance abuse. Most, if not all, are fundamentally based on engagement of the community – businesses, municipalities, schools, retailers, and health care providers. With such engagement, tobacco-free and tobacco cessation programs can reduce exposure of children to second hand smoke, raise awareness of prevention assistance programs, provide tobacco-free policy for public events, and increase the number of retailers adhering to Maine NoButs! Program that limits tobacco sales to minors. Likewise, businesses and law enforcement can collaborate on strategies to reduce underage drinking; schools, parents and businesses can support open discussion of risks associated with under-age or binge drinking. Finally there are models for worksite wellness programs that businesses can adapt to their circumstances.

There are multiple other on-going programs of Washington County: One Community that are



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reaching youth and adults across the public health spectrum:

- Farm and Food programs – Farm to School including curriculum outreach, vermiculture, recipe and menu planning for school cafeterias; FoodCorps service leadership; support to the Food Pantry network; greenhouse materials & construction at discounted prices; support in the formation of a regional food council and healthy eating initiatives.
- Nutrition programs – We Can! (Ways to Enhance Children’s Activity & Nutrition) public education; SNAP-Ed (Supplemental Nutrition Assistance Program) providing nutrition and cooking classes for residents receiving SNAP benefits; 5-2-1-0 Let’s Go to encourage kids and families to eat 5 servings of fruit and vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity and 0 sugary drinks.
- Living Well programs – worksite wellness; Keep Me Well health assessment tool; Screen Washington County to increase awareness and actual screening for colon cancer; free Breathe Easy signs to reduce exposure to second hand smoke; Tobacco Free Pledge resources; Healthy Homes information on lead exposure, testing and education on symptoms of high lead blood levels; information on trails in the region
- Youth programs – Washington County: One Voice youth coalition; Jobs for Maine Graduates profiles; Downeast Teen Leadership Camp for students entering grades 7,8, and 9
- School and Community programs – Coordinated School Health Program, an 8 part program to improve kids health and capacity to learn; Transportation Infrastructure and access to Quality Health Care including collaborating with regional partners to improve transit options and publication of a Transportation Services Guide; Annual October Turkey-A-Thon to raise funds for the Food Pantries

#### Additional resource needs

Infrastructure investment: indoor recreation, trailheads, sidewalks, food hub development (including processing, freezing, storage, slaughtering, and distribution)