

North Country Eat Well Play Hard Community Assessment



North Country Healthy Heart Network

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*** The final phone survey report will be added when available**

Introduction

The North Country Healthy Heart Network, Inc. (Heart Network) was awarded an Eat Well Play Hard Community Project (EWPH) grant from New York State Department of Health in October 2006. The goal of the EWPH Community Project is to prevent childhood overweight and reduce long-term chronic disease risks through policy and environmental changes that will facilitate the promotion of physical activity and targeted dietary practices with children over the age of two. To achieve this goal the Heart Network coordinated the formation of the EWPH North Country Coalition that includes 33 members from Essex, Franklin, and Hamilton Counties. The charge of the EWPH North Country Coalition is to implement the three EWPH strategies in the region. The EWPH strategies are:

- Increase developmentally appropriate physical activity
- Increase consumption of vegetables and fruits
- Increase consumption of 1% or less milk and low-fat dairy products

In order to effectively implement the EWPH strategies in the region, the EWPH North Country Coalition conducted a community assessment in Essex, Franklin, and Hamilton counties to gain an understanding of the current nutrition and physical activity environment of the region. The assessment team consisted of all members of the EWPH coalition. Assessment tools were adapted from the “Moving to the Future” website. The North Country EWPH Community Assessment considered three types of information:

- Community Data
- Built Environment
- Public Opinion

Relevant community data was collected and analyzed while a subcommittee in each county assessed the community environment by completing a “*Built and Social Environment Audit*” and a “*Programs, Services, Policies and Environment Survey*”. Community opinion was gathered by conducting key informant surveys with school faculty and staff, day care providers, parents, community agency representatives, food pantry clientele, physicians, WIC and Head Start participants. A telephone survey reaching 900 people living in Essex, Franklin and Hamilton Counties was conducted in June 2007 and the results will be added to this report as an appendix.

Community Data

Population

<i>County</i>	<i>Population 2006 Estimate</i>	<i>White/not Hispanic or Latino (2005)</i>	<i>Black or African American (2005)</i>	<i>American Indian (2005)</i>	<i>All ages in poverty (2004)</i>	<i>Ages birth – 17 living in poverty</i>	<i>Persons under 18 years old</i>	<i>Median Income (2004)</i>
Essex	38,649	93.2%	3.3%	0.3%	11.6%	16.5%	19.6%	\$37,279
Franklin	50,968	83.1%	7.2%	5.7%	14.7%	20%	19.6%	\$33,956
Hamilton	5,162	96.9%	1.1%	0.2%	9.1%	13.1%	17.5%	\$36,503
Total Pop.	94,779							
NYS	19,306,183	60.9%	17.4%	0.5%	14.5%	20.8%	23.6%	\$45,343

Source: US Census Bureau – Quick Facts

Both Essex (9.9%) and Hamilton (5.6%) counties have a lower percentage of children receiving food stamps than percentage of children in poverty. In contrast, rates of children receiving free or reduced price lunch in public schools are relatively high – 43%, 52%, and 32% for Essex, Franklin, and Hamilton counties respectively. According to NYSDOH Bureau of Nutrition, WIC participation rates are low compared with eligibility rates (there is an unmet need in all three counties).

Levels of educational attainment in Essex County are comparable to statewide levels and lower in Franklin and Hamilton counties compared to statewide levels. Higher rates of obesity, lowered consumption of fruits and vegetables, and less leisure time physical activity has been correlated with lower educational attainment in behavior risk factor surveys.

Essex, Franklin and Hamilton counties have lower household median incomes than statewide averages. The main employment opportunities in the tri-county region are in State and Local Government; Healthcare and Social Assistance; Retail; and Accommodation and Food Service (Saranac Lake Region Comprehensive Economic Development Strategy, Camoin Associates). There is seasonal variation in employment and unemployment. Unemployment rates tend to be higher than statewide rates.

Population Health Status

Several community health assessments have been completed in recent years that provide insight into the general health and health needs in the region. Community health assessments reviewed for this project include:

- Hamilton County Public Health Nursing Service 2005 – 2010 Community Health Assessment
- The 2005 Tri-County Regional Health Perspective: Improving the quality of life in Clinton, Essex, and Franklin Counties, prepared by a tri-county committee in April 2005
- Healthy, Wealthy & Wise: Identifying Community Health Priorities in Essex, Hamilton, Northern Saratoga, Warren and Washington Counties, prepared by the Adirondack Rural Health Network in September 2004

Each health assessment used a defined process to assess the health status of the community, identify problems and issues in the community, and develop priority health issues (or strategic issues) to focus on.

Priority Health Issues identified in the three health assessments are as follows:

Assessment	Priority Issue #1	Priority Issue #2	Priority Issue #3
Hamilton County Public Health Nursing Service	Access to Quality Health Care	Health Promotion for Disease Prevention which includes programs and education on Nutrition & Fitness	
The 2005 Tri-County Regional Health Perspective*	Access to Mental Health Services	Address Current Rates of Chronic Disease	Handle the Expected Population Shift in the Region
Healthy, Wealthy & Wise	Access to Quality Health Services	Health Promotion for Disease Prevention which includes Nutrition and Fitness	

* The top three issues identified became part of the action plan. Obesity and Overweight on their own were ranked #7.

All three assessments found that a significant portion of the population is overweight or obese, which contributes to the prevalence of chronic diseases in the region. This finding served as the rationale in each assessment for setting priorities around disease prevention and developing action plans for increasing nutrition and physical activity/fitness. The following highlights information from the community assessments that is relevant to the EWPH goal:

- Heart disease and stroke represent the single greatest cause of death and health related disabilities in Franklin, Essex, and Hamilton counties.^{1 2}
- Among the 62 counties in NYS, Essex and Franklin Counties rank 56 and 41 respectively (rank 1 is best) compared to other NYS counties in the percentage of children over age 2 that are at risk of overweight. Hamilton County has no ranking due to small sample size.³
- Many risk factors such as smoking, physical activity, diet and high blood pressure are modifiable, and a decrease in these factors will directly correlate to a decrease in the incidence of heart disease and stroke¹.
- Costs associated with hospitalization of individuals with cardiovascular disease totaled 2.6 billion in NYS, 2.5 million in Essex County and 2.9 million in Franklin County (1999)¹.

Sources: ¹ the 2005 Tri-County Regional Health Perspective, April 2005

² Hamilton County Public Health Nursing Service 2005-2010 Community Health Assessment, 2005

³ CDC Pediatric Nutrition Surveillance, 2004

Longitudinal studies have shown that being overweight, or at risk of overweight, during childhood increases the risk of being overweight or obese as an adult with the resultant obesity being more severe than in adults who were normal weight during childhood. Overweight/obesity during childhood increases the risk of developing chronic disease both as a child and as an adult.

Overweight or Obese, BMI (Body Mass Index) 25 or More

Counties	Yes% ¹
Clinton Essex, Franklin	56.7
Hamilton, Herkimer	62.9

¹Weighted Percent

Source: Expanded BRFSS, 2003 – New York State Department of Health

Over half of the adult population in the region considers themselves to be overweight or obese, which in turn negatively impacts what the population will perceive to be “normal” weight. As more adults and children are overweight and obese the social norms will shift, if they haven’t already, and behavior change will be increasingly difficult to promote. The increasing rates of overweight/ obesity within the population and the resulting rise in chronic disease rates combined with the aging population in the region will heavily impact healthcare expenditures in the region. Overweight/obesity is currently the number two actual cause of death in the US and the epidemic is evident in Essex, Franklin and Hamilton counties. There is a definite need for the EWPH North Coalition to work toward decreasing chronic disease and preventing childhood overweight.

Built Environment

The Built Environment refers to the physical environment, the infrastructure and buildings, of a community. The built environment also includes the programs or services that are available in the community. Current trends in public health are to assess how the built environment either promotes or hinders the population in respect to healthy behaviors. The goal of the built environment survey effort was to assess how the built environment of the region supports eating healthy foods and being physically active and ways that the community hinders healthy eating and physical activity. To achieve this goal the EWPH North Country Coalition used the “*Built and Social Environment Audit*” and “*Programs, Services, Policies and Environment Survey*” from “Moving to the Future.” EWPH staff developed additional survey tools for specific environments and used key informants to collect additional information from food pantries, daycares, and schools.

“Built and Social Environment Audit”

The members of the EWPH coalition met as county level subcommittees to complete the “*Built and Social Environment Audit*.” EWPH staff analyzed the audits from each county and identified similarities. Although there are assets and barriers that are unique to specific communities the following generalizations can be made about the region.

Geographically most of the region is within the parameters of the Adirondack Park. The area abounds in opportunities for hiking, boating and outdoor activities. However, these outdoor opportunities may not be close to where youth live and youth may require transportation to access them, limiting their use. All coalition members reported a lack of access to these physical activity resources in the region. There are few bike or pedestrian paths. Existing roadways are the main resource, but are not fully used due to safety concerns caused by speeding cars and lack of road shoulders.

There are limited community recreation facilities, especially indoors. There is one YMCA located in Malone. Saranac Lake and Lake Placid have youth centers that target teens. Most towns have baseball fields and many have beaches. There is limited tennis and basketball courts and those that exist are mainly in the larger villages. Sports and summer recreation programs are the main activities promoting physical activity among youth. Youth sports are strongly supported and are an important part of social networks.

Currently, there is little linkage between community planning and promotion of physical activity. Encouraging that link is critical in creating a community environment that provides a variety of opportunities and encourages physical activity for everyone.

Survey respondents feel there is adequate client and provider education on healthy lifestyle choices. All WIC clinics have or will be implementing Fit WIC programs that teach children and parents about age appropriate physical activity and provide resources for parents. Cornell Cooperative Extension in Franklin and Essex counties has programs that encourage healthy lifestyles for youth as well as Head Start, schools, and the Early Childhood Development Program at Akwesasne.

Residents report driving, sometimes considerable distances, to access food stores. This impacts the cost and availability of food, especially produce. Smaller towns have no stores at all or convenience stores that do not sell produce. Fast food restaurants exist only in the larger towns. Many locally owned restaurants exist and there is a willingness to modify items on request. The lack of access to healthy foods, especially fruits and vegetables, was identified as a barrier by those who responded to the community opinion survey; Hamilton County respondents found this to be of particular concern.

The EWPH North Country Coalition identified three environments that greatly impact the nutrition and physical activity of children. Those three environments are daycare, schools, and food pantries. Therefore, a survey was developed for each environment so more in depth information could be gathered about the opportunities and challenges for increasing nutrition and physical activity for children in those settings. Key informants were used to gather the data.

Day Care

There are a total of 98 certified day care providers in the region, most of which are family day cares. 16 day care providers participated in the survey effort that captured responses from many different communities. Day care surveys revealed that the majority have adequate play time. However, many providers have not had training in: developmentally appropriate physical activity for children; and using lesson plans that incorporate physical activity. Most providers were offering fruits and vegetables at meals and snacks. Many providers are growing a garden with the children. Most providers involve children in food preparation and reported they had received training in nutrition. Many providers are not currently using low fat milk and dairy. Education about the benefits of low fat dairy for children in relation to childhood overweight would be beneficial and perhaps milk taste tests for providers at nutrition trainings.

Schools

There are 24 school districts in Essex, Franklin and Hamilton counties of which 16 participated in the community assessment. Surveys indicate that school food service is managed in-house at almost all schools and most are required to be self-supporting. All but three schools offer ala carte foods. Most schools report offering fresh fruit or vegetables for school lunch, but few offer them as school snacks. Most schools reported serving skim, 1% and 2% milk. 1%

chocolate has the most sales. Half of the schools have conducted “1% or Less” campaigns. Only two schools have milk machines.

Half of the schools allow access to school facilities before or after school, some just for students. Most school physical education programs are lifestyle focused, but few schools have daily physical education. Most schools have completed the school health index and most have attended training on developing school wellness policies. One-third has staff wellness programs. All schools collect height and weight data, although few translate it into BMI – for- age data. There are many resources available to schools for improving nutrition and physical activity policies since they have been required to create wellness policies. Schools need to be made aware of these resources and how to access them. There is much support from the public, as indicated by the community opinion surveys, for schools to improve the nutrition and physical activity environment for students.

Food Pantries

12 surveys were returned from food pantries and one soup kitchen for a total of 13 surveys. There are at least 35 food pantries in the region. The majority of food pantry coordinators surveyed felt they had adequate storage for fruits and vegetables and dairy products. Those foods are part of food packages when available, although availability is sometimes limited. The two main barriers for distributing fruits and vegetables are: distribution schedule followed by high cost. Half of the food pantries surveyed provide fruit and vegetable recipes in the food package. There was strong evidence of resourceful local partnerships in obtaining fresh produce and dairy products. Most report having low fat dairy products, however availability is sometimes limited. Few provided recipes or information on using dairy products. Most have not completed a nutritional analysis of their food packages. A key informant from the regional food bank recommended that food pantry coordinators receive more training in how to access grants to supplement their feeding programs.

“Programs, Services, Policies and Environment Survey”

EWPH North Country Coalition members completed the “Programs, Services, Policies and Environment Survey” to provide a snapshot of the nutrition and physical activity programs and services currently offered in the region. This snapshot includes county public health agencies, WIC clinics, hospitals, Cornell Cooperative Extension programs, school districts, community action agencies, Head Start, and other early childhood services (a total of 20 agencies with some representing multiple programs). This list is not all inclusive of the programs and services offered in the region, but it does represent a cross-section of the agencies working with children ages 2 - 12 and their families.

Nutrition assessment and screening are available for children up to age 5 through early childhood services including WIC, Head Start, Eat Smart NY!, and the Early Childhood Development Program at Akwesasne. After age 5 the service is only provided by hospitals, physicians, and well child clinics. Nutrition counseling, education, communication campaigns, and resources are available from the agencies listed above, but mostly for preschool age children. There is an opportunity to promote more nutrition communication campaigns in schools and daycares. It is important for all of these programs and services to have consistent nutrition messages for families. It would be beneficial to examine what nutrition messages are currently being promoted by each agency providing services to children to see where coordination could occur.

Fitness assessment and screening is available only in schools and is unavailable for preschool children. There are limited follow-up services for children identified as overweight or obese. The majority of programs aimed at children are sports-oriented rather than lifestyle-oriented/ inclusive of all abilities. Agencies participating in the survey indicated that there are many physical activity resources (i.e. equipment and program materials) for sports programs but there is a lack of lifestyle oriented resources such as snowshoes, cross country skis, bike paths.

The majority of the agencies surveyed target low income families in a specific town, village, or county. Almost all of the agencies partner with other organizations to provide food, nutrition and/or physical activity services through local coalitions. Local agencies do a tremendous job at networking and working together to make programs and services available, which can be difficult in such a rural region with very little public transportation.

The region does not have a comprehensive nutrition and physical activity community wide campaign. There is a need for consistent messaging for families about nutrition and physical activity. There are many programs and services for children in the region so there is an opportunity to create a community-wide campaign. The networking that already exists among human service agencies is an asset in developing and promoting a comprehensive nutrition and physical activity campaign, such as Eat Well Play Hard.

The built environment presents both opportunities and challenges to reducing long term chronic disease and preventing childhood overweight through the promotion of physical activity and targeted dietary practices. Some opportunities would be to promote outdoor recreation activities in the Adirondack Park, link community planning and physical activity, and develop a regional nutrition and physical activity campaign that provides consistent messaging. Some challenges to overcome include: increasing access to physical activities and healthy foods; creating opportunities to stay fit during severe weather seasons; and increasing pedestrian safety. The EWPH North Country Coalition is in a position to work towards some of these goals through environmental and policy change.

Community Opinion

Community opinion was gathered using a written survey with key informants from schools, daycares, WIC clinics, food pantries, and other community agencies serving families and children. A total of 189 responses were gathered from Essex, Franklin, and Hamilton counties. A phone survey was also conducted that reached 900 residents from Essex, Franklin and Hamilton counties. Respondents were questioned about barriers to physical activity and nutrition and what could be done to improve nutrition and physical activity for families.

The top three barriers for families in getting more physical activity are: lack of time; cost or lack of proper equipment; and bad weather. There is more variation in what families feel prevents them from eating more vegetables, fruits and low-fat dairy foods including: cost; poor quality of produce; lack of time; and, distance to the grocery store. Cost of fresh fruits and vegetables is cited as a barrier by 70% of written survey respondents and 40% of phone survey respondents. 51% of the written survey respondents travel over 10 miles from home to get groceries and 23% travel 5 to 10 miles from home. The top barriers to eating healthy foods at school are reported to be: menu choices; availability of junk foods at school; attitudes of the parents; and, television/media.

Both surveys questioned what changes to the community respondents might find useful in helping their family to eat healthier and get more physical activity. There is interest in a variety of changes (see Appendix for all responses). Those that received the most support include:

- adding more safe places to walk
- have recess everyday at school
- get families to watch less TV
- after school programs for school age children
- making fresh fruits and vegetables cheaper
- adding more healthy foods in vending machines and convenience stores
- serve healthier snacks like fruits and vegetables in schools
- remove junk foods like cookies and candy from schools
- get more families to farmers markets

100 out of 189 respondents to the written survey favored improving physical activity opportunities and food choices at schools (this question was not asked in the phone survey). If organized programs about physical activity and nutrition were offered, families would be most likely to get involved if they happened at school, parks, recreation or youth centers. With time being the number one barrier for most families, participation would most likely be greatest when opportunities were incorporated into existing routines such as work, school and daycare.

Respondents from both surveys ranked obesity as the main health concern for all residents in this region followed by cancer, diabetes and heart disease. The biggest health concerns for children were reported to be overweight and obesity, poor nutrition/poor eating habits, and lack of activity. Over 80% of respondents from both surveys think childhood obesity is a problem for their community.

Survey results indicate that there are both opportunities and challenges in promoting physical activity and targeted dietary practices. Survey respondents identified some barriers that are beyond the scope of EWPH, but there is also much support for policy and environmental changes in a variety of settings that the EWPH North Country Coalition could address.

Conclusion

The goal of this community assessment is to gain a better understanding of the current nutrition and physical activity environment in Essex, Franklin, and Hamilton counties. The following strengths and weaknesses have been identified through the assessment process.

Strengths

- The community opinion survey results indicate that the public views obesity as a problem in the region.
- Most of the region is within the Adirondack Park where a variety of outdoor recreation opportunities exist.
- Eat Well Play Hard strategies have already been implemented in several community programs, notably WIC and Head Start.
- There has been an increasing use of WIC food coupons to purchase lower fat dairy products, especially in Essex County.
- Many food pantries receive local fresh produce from various sources.
- All schools in the area have completed school wellness policies, which vary in scope.

- Many schools allow public use of the school for walking.
- There is strong community support for youth sports activities.

Weaknesses

- The general population is getting increasingly larger (BMI for children and adults has been on the rise for two decades). There is a need for increasing awareness of obesity as a public health issue.
- The rural nature of the region hinders access to physical activity opportunities because of the distance people must travel to reach some opportunities and some lack transportation. Most physical activity facilities and infrastructure are concentrated in larger communities which limits access to residents in the outlying communities.
- Concerns over pedestrian and cycling safety also limits physical activity. There is an abundance of outdoor recreation opportunities in the region, however use and access is limited because many residents lack transportation or adequate gear.
- Few schools have comprehensive school health programs or use evidence-based curricula such as CATCH, SPARK, etc.
- 75% of children were reported by parents to drink high fat (2% and whole) milk in the region (2003 Regional Health Assessment, Potsdam State University).
- Only 24% of adults surveyed consumed the minimum recommended 5 servings of fruits and vegetables daily (Expanded BRFSS, 2003 – New York State Department of Health).
- Limited food outlets and transportation barriers create lack of access to healthy foods, especially lower cost food and fresh produce. Some communities have no grocery store.

The community data analysis clearly shows the need to reduce chronic disease rates and address overweight/obesity rates in the region. There is consensus within all of the county health assessments to address chronic disease rates through health promotion which includes appropriate nutrition and physical activity/fitness. Currently, there is not a comprehensive nutrition and physical activity communication campaign in the region so EWPH North Country Coalition could fill this need. Based on the findings of the built environment surveys and community opinion surveys, EWPH would likely have the greatest impact by focusing policy and environmental intervention efforts at schools/preschools and daycares to overcome the barriers associated with access and lack of time identified by community survey respondents. Linking community planning with health promotion to improve the built environment would also help to address access issues identified.

Recommendations

Based on the community assessment findings and the goals of the Eat Well Play Hard Community Project, the EWPH North Country Coalition could have a regional impact by focusing on the following possible interventions.

1. Raise awareness around overweight and obesity as a public health issue, especially for children.
2. Address the lack of fitness assessment, screening services, and follow-up services for preschool and elementary age children by partnering with agencies servicing this population.

3. Target efforts towards schools and daycares to address the two most cited barriers reported by community opinion survey respondents (lack of time and cost). Interventions could also take place at parks or recreation centers to extend the changes at school and daycares to the home.
4. Assist in the training/adoption of evidence-based nutrition and physical activity curricula at schools or after school programs, such as CATCH or SPARK.
5. Encourage fruits and vegetables as snacks in schools.
6. Coordinate daycare trainings on developmentally appropriate physical activity and the incorporation of physical activity into lesson plans.
7. Coordinate a screen time reduction campaign.
8. Work with emergency food providers to find more consistently available dairy products and provide more nutrition education.
9. Coordinate a comprehensive nutrition and physical activity communication campaign, especially targeting all agencies that serve children, especially schools/preschools and daycares.
10. Develop/promote consistent nutrition messages for all agencies to use, i.e. '1% or Less' in the region or More Matters.
11. Assist in the marketing and promotion of locally grown foods, including neighborhood or community gardens.
12. Develop/promote consistent physical activity communication campaign for the region, i.e. Walkie Talkie, We Can, Shape Up.
13. Work to link community planning and the promotion of physical activity to make communities more pedestrian and cycling friendly (i.e. sidewalks, bike lanes, connectivity of neighborhoods to retail and schools, etc.).
14. Find ways to encourage the creation of lifestyle oriented programs for children to compliment the sports oriented programs.
15. Work with schools to provide healthier menu choices reduce the amount of junk foods available in schools, and increase physical activity time in schools.

Eat Well Play Hard North Country Coalition Members

Essex County

Agency

ACAP
Elizabethtown-Lewis Central School
Essex County Cornell Cooperative Extension
Elizabethtown Community Hospital
Ticonderoga Central School
Essex County Public Health
Essex County Youth Bureau

Coalition Member

Janet Colburn, Ann Bashaw
Colleen Courtney
Dottie Wehnau

Bruce Tubbs
Cathy McMahon
Scot Hurlburt

Franklin County

Agency

Franklin County Public Health
North Country Children's Clinic (WIC)
ComLinks Gleaning Program
Saranac Lake Central School

Giggles and Wiggles Daycare Center
Salmon River Central School
JCEO Head Start
Alice Hyde Medical Center
Adirondack Wellness Movement (AMC)
Franklin County Cornell Cooperative
Extension
Family Matters Resource Center
Child Care Coordinating Council of the
North Country
Early Child Development Program
BOCES
Franklin County Even Start
Mary Claire Sherwin Greater Malone YMCA

Coalition Member

Sue Patterson
Cindy Louey
Cindy LaPlante
Kathy Hogan, Paul Leahy, Maryalice
Smith
Jill Marshall
Connie Gerrow
Eileen Twiddy, Debbie Bonner
Josy Delaney, Kristin Ellis-Wood
Dan Hill, Jessica Darney-Buehler
Vanetta Conn, Kristin Colarusso

Denise Skiff
Ann Fraser

Joe Campbell
Jennifer Hesseltine

Hamilton County

Agency

Regional Food Bank of Northeast New
York
Hamilton County Public Health Nursing
Service
Cornell Cooperative Extension Hamilton
County
Warren-Hamilton Community Action
Agency
Lake Pleasant Central School
Wells Central School

Coalition Member

Toni Clark

Karyna Wells

Nancy Welch

Deborah Ameden

Shelia Jazeboski
Sue Menke

Appendix

What changes to our community would be most useful in helping your family to get more physical activity? (Top 3 responses are highlighted from each survey)

	Phone Survey % Yes	Written Survey % Yes
Add more safe places to walk	78%	53%
Have free or low-cost family activity programs	77%	47%
Have more public events that offer physical activity	78%	40%
Add new playground toys in community parks and playgrounds	79%	36%
Use school buildings for recreation after hours	85%	35%
More information about free and low cost places to be active	79%	22%
Physical activity programs at childcare	85%	19%
Changes in the workplace so there is more time to exercise	67%	14%
Get families to watch less TV	86%	33%
Have recess everyday at school	88%	NA*
Have more Physical Education classes at school	74%	NA*
Expand school sports to include yoga, dance, martial arts, walking, etc.	76%	NA*
After school programs for school age children	87%	NA*

* The question was not included in this survey

What changes in our community would be most useful in helping your family to eat more vegetables, fruit, and low-fat dairy foods? (Top 3 responses are highlighted for each survey)

	Phone Survey % Yes	Written Survey % Yes
Make fresh fruits and vegetables cheaper	77%	71%
More healthy foods like fruits and vegetables in vending machines and convenience stores	64%	40%
Get more families to farmers markets	79%	40%
Healthier choices in restaurants	NA*	32%
More information about cheap and healthy foods in grocery stores	NA*	28%
Plant vegetable gardens in neighborhoods	76%	28%
Offer cooking classes for families	NA*	25%
Serve healthy foods at meetings and public events		25%
Information about how to include more fruits & vegetables in your grocery budget	56%	NA*
Offer workshops on easy ways to include fruits & vegetables in family meals	50%	NA*
Remove junk foods like cookies and candy from schools	82%	NA*
Serve healthier snacks like fruits & vegetables in schools	90%	NA*

* The question was not included in this survey

What prevents you from helping your family get more physical activity? (Top 2 responses are highlighted for each survey)

	<i>Phone Survey % Yes</i>	<i>Written Survey % Yes</i>
Lack of time	46%	61%
Cost	25%	26%
Transportation	18%	12%
Lack of interest/not fun	27%	10%
Bad weather	39%	22%
Nothing to do	19%	12%
Family members don't like the same activity	25%	NA*
Lack of skill	16%	NA*
Don't have the right equipment	30%	NA*

* The question was not included in this survey

What prevents you from helping your family eat more vegetable and fruit? (Top 2 responses are highlighted for each survey)

	<i>Phone Survey % Yes</i>	<i>Written Survey % Yes</i>
Lack of time	27%	17%
Cost	40%	43%
Lack of interest	17%	7%
Limited cooking skills	15%	8%
Don't like the taste	14%	12%
Distance to the grocery store	24%	17%
Poor quality produce	40%	26%