This is Local Public Health

Program Highlights
as of
May 2010

Healthy Communities of the Capital area
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The number one success for HCCA is the remarkable people who work here!

*I take this opportunity to thank Neill Miner, Renee Page, Karen Tucker, and Amy Wagner for their excellent work, their willingness and ability to work as a team, and their authentic interest in the communities and the people throughout our towns. I cannot imagine having our level of successes without these wonderful co-workers.*

Other successes
- In September of 2007, the 28 local Healthy Maine Partnerships (HMP) expanded from community-based coalitions working to decrease tobacco use and exposure, increase physical activity and improve nutrition to broader comprehensive community health coalitions.
- In June 2009 Healthy Maine Partnerships became officially recognized as part of the Public Health Infrastructure of Maine through LD 1363: An Act to Establish and Promote Statewide Collaboration and Coordination in Public Health Activities and To Enact a Universal Wellness Imitative
- We are proud to say we continue to exceed these new expectations that include:
  - Becoming consistently more accountable by meeting new core competency criteria
  - Engaging over 400 people to date in our Community Health Planning process
  - Expanding capacity to implement certain elements of the Ten Essential Public Health Services
  - Engaging in appropriate public health efforts as they emerge such as Patient Centered Medical Homes, H1N1, Keep Me Well, Local Health Officer Trainings, and more
  - Expanding the number of chronic health condition risks, resources and related activities
  - Reaching out to an ever-expanding group of partners to collaboratively improve the health of Maine Citizens
- Engagement in District and State Public Health Coordinating Councils
  - Both the Executive Director, the School and Youth Program Manager, and the Adult and Worksite Wellness Program Manager serve on the District Public Health Coordinating Council, which strives to engage diverse partners to collaborate and coordinate with scarce resources to continue to improve the public’s health
  - Joanne Joy serves as the Chair of the State Public Health Coordinating Council, which assists with state Public Health Accreditation, the State Health Plan, and statewide coordination.

Moving Forward
As HCCA moves into its third year of being a stand-alone organization:
- As of May 1, 2010, HCCA has received a MeHAF Mental Health Integration Initiative Grant
- We continue to apply and co-apply for grants that expand our role of convener and integrate our work with partners

Role of the Executive Director

The Executive Director role at this small non-profit includes a broad range of responsibilities devoted primarily to three areas: 1) programmatic guidance and oversight, 2) organizational direction, and 3) integration of the community coalition as part of the larger public health world in Maine.

HCCA communities include Augusta, Chelsea, Farmingdale, Fayette, Gardiner, Hallowell, Litchfield, Manchester, Monmouth, Mount Vernon, Pittston, Randolph, Readfield, Richmond, Vienna, Wayne, West Gardiner, Windsor, and Winthrop
HCCA Mission: Convene and support people, organizations, and communities to collaborate on public health and quality of life issues.

Successes across our communities
Substance abuse prevention work expanded in three critical areas this year: capacity building, community assessment, and strategy implementation.
Capacity Building: The Southern Kennebec Substance Abuse Work Group (SAWG), our mechanism for taking action, continues to grow stronger. We have:
- Created the mechanisms required to receive sustained federal Drug Free Communities funding
- Added more individual and organizational members
- Increased, through training and technical assistance, our ability to plan and carry out community change strategies
Community Assessment: This continuous process helps us refine our ongoing approach. We have:
- Worked with teams of student leaders in two communities to assess student perceptions of availability, health risks of use, and the likelihood of being caught and held accountable for use; team recommendations for further action are under consideration
- Carefully analyzed the results of the 2009 Student Use Survey and used them to identify potential new actions in each of our partner school systems
Strategy Implementation: We are undertaking a series of actions design to impact the root causes (risk factors) associated with substance use. Some of the most robust efforts are:
- Expanded use of the local media to promote community awareness, coordinated with national efforts such as Red Ribbon Week and Alcohol Awareness Month
- Expanded partnerships with local employers to include substance abuse prevention in their internal health and wellness efforts
- Continued involvement of youth advocates in two schools, building youth and adult awareness through in-school campaigns and Sticker Shock
- Strengthened the implementation of school policy in two schools
- Increased partnerships between schools and law enforcement through the use of periodic drug searches and response to suspected violations generated by Tipline and other established mechanisms
- Parent engagement through the use of the new Parent Table Talks strategy
- Prescription drug disposal event at 7 take-back sites, supported by a comprehensive community awareness campaign
- Continued On and Off-Premise Retailer Training
- Created a pilot Teen Tobacco Treatment support service in three school systems

Funding for this range of initiatives was supported this year with OSA SPF-SIG dollars and Block Grant dollars, plus a new Drug Free Communities coalition grant, allowing us to cover a broad range of alcohol and drug initiatives. The close-out of the OSA SPF-SIG grant on June 30, 2010 will reduce our funding to FY 2008-09 levels.

Role of the Substance Abuse Program Manager
The Substance Abuse Prevention Manager works to develop community capacity to respond more effectively to alcohol and other drug issues. He divides his time between community organization activities and managing the range of administrative task required to continue to qualify for federal Drug Free Communities funding.
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Successes across our communities, the public health district, and the state

- **Teens & Tobacco**: In partnership with Healthy Futures in Winthrop, developed a teen tobacco treatment program for students caught violating school tobacco use policy or who are interested in quitting tobacco in Maranacook, Monmouth, and Winthrop Schools. School Health Leadership Councils continue to strengthen school tobacco use policies.

- **Early Childhood & Tobacco**: Trained staff from The Children’s Center, Maine Parent Federation, and Southern Kennebec Child Development Corporation on strategies to engage families of young children about quitting tobacco, the dangers of second and third-hand smoke, and Maine tobacco laws.

- **Physical Activity in the Classroom**: Continue to support Take Time! implementation in Hall-Dale, Manchester, Readfield, and Windsor Elementary Schools through stipends to coordinators and incentives for participating classrooms. Worked with RSU 11 toward developing a structured daily physical activity program for students. Received a grant from Eastern Maine Healthcare Systems to implement 5-2-1-0 Goes to School.

- **Sun Safety Policy**: Worked with Southern Kennebec Child Development Corporation to revise and develop a more comprehensive Head Start sun safety policy.

- **School Health Leadership Councils**: Continued support for integration of the eight components of Coordinated School Health Programming to address a variety of health issues in RSU 2, RSU 4, and RSU 38.

- **Youth Engagement**: Provided support and leadership to youth groups working to increase awareness of substance use issues, including tobacco in RSU 11 and Winthrop Schools.

- **Farm to School**: Worked with the statewide Farm to School Work Group to draft a resolve to the Maine state legislature to strengthen Farm to School efforts. Awarded Farm to School mini-grants to several local schools.

- **Flu Clinics**: Collaborated with local schools and youth-serving organizations to coordinate flu clinics.

Role of the School & Youth Program Manager

The School & Youth Program Manager provides resources and technical assistance to our local service area schools (Augusta, Chelsea, Fayette, Hall-Dale, Litchfield, Maranacook, Monmouth, Readfield, Windsor, & Winthrop) and other youth-serving organizations that are interested in improving the lives of young people and their families. This work is done primarily through authentic engagement to implement policy change and strategies that make it easier for youth and families to make healthier choices.
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Successes across our communities

- **Heating Fund/ Warming Center:** Participated in fundraising activities; publicized and supported the Warming Center that sheltered an average of 25 at-risk adults and their children during the day from January through April
- **Keep Me Well:** Publicized the introduction of this free, on-line self-assessment to organizations and individuals through our website, newsletters, and meetings
- **2-1-1:** Identified resources in our area that were not listed on 2-1-1 Maine; contacted and coached organizations through the registration process
- **Lead Poisoning Prevention (LPP):**
  - Coordinated the scheduling of two Renovation Repair and Painting Trainings, required as the result of new legislation, for area landlords and property managers with pre-1978 housing stock
  - Provided LPP resources/information to childcare providers, home visitors, municipalities, and others
- **Creating and Maintaining Office Systems:**
  - Worked with MCD to clearly track finances and payment requests associated with each one of the growing number of grants and funded projects
  - Updated HCCA website, included HCCA newsletter archive
  - Maintained electronic files and shared document system
  - Incorporated new technologies in the office (scanner, flip-video, etc.)
  - Supported the creation of Substance Abuse Prevention, Winter Health, and other topical newsletters
- **MAPP Assessment:** Continued collaboration with staff, conducted authentic engagement of community members in assessment processes to form a basis for the Local Service Area-wide Community Health Improvement Plan, with a target for completion of 2010
- **Food Security:** supported collaboration among food pantries and farmers’ markets, resulting in actions such as fresh food being picked up at the end of day at the Gardiner Farmers’ Market for distribution at the Gardiner Food Bank
- **Healthy Start:** Supported the planning and implementation of two community forums covering such topics such as LPP, Oral Health, and Child Socio-Emotional Wellbeing
- **Student Intervention and Reintegration Program (SIRP):** Created process map for program, trained project administrator, prepared quarterly reports
- **Windsor Fair:** hosted an HCCA table, providing information on H1N1 and Smoke-Free Homes
- **Local Health Officers (LHOs):** distributed Public Health materials to our municipalities’ LHOs.

**Role of the Project Coordinator**

The Project Coordinator works closely with the Executive Director to ensure overall smooth operations at HCCA, providing the day-to-day communications link between and among staff, board, stakeholders, and others. Additional responsibilities include coordination with our fiscal partner, MCD, to assure all payroll, accounts receivable, and accounts payable documentation is accurate and in the right hands. The Project Coordinator interfaces with all HCCA staff to support their projects, to build capacity, and implement objectives.
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**Successes across our communities, the public health district, and the state**

- Worked with twenty-five (25) employers, currently working with twenty-one (21) employers
  - Eleven (11) worksites actively use Healthy Maine Works!
  - Worksites are working on:
    - Three (3) have implemented or in process of implementing brand new worksite wellness programs
    - Ten (10) are in the process of going 100% tobacco-free or are newly tobacco free worksites
    - One (1) is adopting a Scent-free Policy to ensure the health of staff and children
    - Three (3) have implemented policies related to increasing physical activity
    - Three (3) have implemented preparedness programs that include signs and symptoms of heart attack and stroke, when to call 911, and CPR trainings
    - Three (3) are working on policies related to air quality issues
    - Four (4) expanded their educational opportunities related to their Drugfree Workplace policies
  - Building capacity with KV Chamber of Commerce, Cynergy, Winthrop Area Chamber of Commerce, Hallowell Area Board of Trade, Gardiner Board of Trade, Southern Maine Wellness Council, Maine Asthma Council Worksite Group, Merry Meeting Bay Business Association, Wellness Council of Maine and Maine Occupational Research Agenda
  - Worked as a grassroots leader for Health Promotion Advocates to successfully advocate for eight major health promotion provisions to be included in the National Health Care Reform Bill that is now law

**Role of the Adult and Worksite Wellness Program Manager**

**Responsible for policy and environmental change at the worksite level** by promoting Health and Productivity Management through *Healthy Maine Works!*. Topic areas include physical activity, nutrition, reduced tobacco use and exposure, substance abuse prevention, health risk management, worksite support for chronic disease prevention and self-management (cardiovascular disease, diabetes, asthma, cancer).

**Other adult initiatives** include Smoke-free Housing, community-based chronic disease self-management supports, KeepMEWell, Substance Abuse Work Group, MAPP, press releases, newsletters, Lead Poisoning Prevention, H1N1, and promotion of nutrition education in Food Pantries and other settings.
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**Successes in RSU 11**

- **SPARK:** Fitness and academic data were compared among students from Pittston Consolidated School, River View Community School, and Laura E. Richards School. Some students received daily physical education, others served as the control group; results showed better fitness scores and better performance in the classroom among students who received daily physical education.

- RSU 11 implemented a 12-week “**Waisting Away**” program for all staff beginning on January 1, 2010; at the end of the program, a total of 638.05 pounds were lost by staff throughout the district.

- **Wellness Works School:** RSU 11, along with 3 other school districts, through a partnership with MEA Benefits Trust and Anthem Blue Cross of Maine, have implemented a comprehensive staff wellness program; participants meet with a health coach several times throughout the year to identify strategies to improve their health risk scores and identify summer wellness opportunities for staff.

- **Fitness Scores Improved:**
  - Middle school-level scores have gone from 12% to more than 40% fit since 2008.
  - High school levels scores have improved from 6% to 39% since 2008.

**Role of the School Health Coordinator**

The **School Health Coordinator** (SHC) is employed by RSU 11 through a Community-School Partnership with HCCA, the Local Healthy Maine Partnership (HMP). Each of the 28 HMPs across Maine is required to partner with at least one school district to employ a SHC. RSU 11’s SHC is a full member of the school district Administrative Team and is the chair for the District Wellness Committee, Heath and Physical Education Committees, Take Time! Committee, School Health Leadership Team, and Parent Health Advisory Committee. The primary responsibility of the SHC is to advocate for systems and policy changes to support tobacco use reduction, increased physical activity, improved nutrition, and substance use prevention. Additional public health initiatives such as sun safety and H1N1 are often added to the expectations.

**RSU 11 is considered a leader in coordinated School Health Programming in Maine** and New England.
Abigail Densmore
Central District Tobacco Coordinator

**HCCA Mission:** Convene and support people, organizations, and communities to collaborate on public health and quality of life issues.

**Successes across our communities, the public health district, and the state**

- **Project Integrate** is a Kennebec County initiative to integrate tobacco treatment and prevention in behavioral health and substance abuse settings; provided research and best practice materials to be included on the new website.

- **RSU #11:**
  - Collaborated to identify appropriate parent resources to be distributed to middle and high school parents regarding new secondhand smoke laws, new tobacco products, resources for talking to children about tobacco, and quit resources.
  - Now working with Nicole Sergent, School Health Coordinator, to discuss tobacco-related strategies and provide technical assistance. The Partnership for a Tobacco-Free Maine School Tobacco Policy training held in March was an excellent opportunity to work with Hall-Dale, part of RSU #2, as well.
  - In the upcoming year the District Tobacco Coordinator will be available to provide tobacco policy-related presentations and support at School Board meetings and review tobacco policy updates.

- **Big Brothers Big Sisters:** Provided Confident Conversations Training to staff. The training focuses on enhancing social service provider confidence to assess and have brief conversations about tobacco and refer clients to resources as appropriate.

- **Winthrop Family Practice:** Worked with maintenance to get new tobacco-free signage to support their campus policy.

- **MaineGeneral Medical Center:** Provided assistance to review the current smoke-free campus policy in accordance with the Maine Tobacco Free Hospital Network award application. The committee plans to change to a tobacco-free campus policy and strengthen system-wide enforcement efforts.

**Role of the District Tobacco Coordinator**

The Central District Tobacco Coordinator (DTC) serves all of Somerset and Kennebec Counties which includes four Healthy Maine Partnerships (HMP). The position provides support and guidance to local HMPs assuring that a coordinated, comprehensive, systematic, and evidence-based approach to tobacco prevention and control is implemented throughout the district. DTC positions are considered extensions of the state-level Partnership for a Tobacco-Free Maine (PTM) program staff. Additionally, the DTC serves as an advocate for HCCA at the state level and routinely brings information, resources, and research back from the state level to the local level.
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Central District Initiatives that Impact Local HMPs

- Use the District Public Health Systems Assessment completed by District stakeholders, including HMP leaders, last year to begin to address identified needs — through work with the Central District Public Health Unit of the Maine CDC and the Central District Coordinating Council (DCC)

- Develop the first Public Health Improvement Plan for the Central District, using priorities and recommendations identified by local HMPs

- Provide information and assistance for local HMP MAPP (Mobilizing for Action through Planning and Partnerships) Plans/Local Public Health Improvement Plans

- Partner with local HMPs to provide certification training and health issues workshops for Local Health Officers

- Evaluate pandemic response to update County and local emergency plans; form a medical reserve corps for the Central District

- Work with the Central District Coordinating Council (DCC) on membership recruitment, structure, and organization, in order to better serve the needs of the District

- Assist District partners with the transition from pandemic flu vaccination mode to ‘normal’ but still effectual flu vaccination practice

Role of Central District Public Health Liaison

The District Liaison is the Maine CDC representative on the local level. The District Liaison provides leadership, facilitation, and partnership development for the emerging public health infrastructure in the eight Maine Public Health Districts. The District Liaison also convenes District Coordinating Council (DCC) related meetings and coordinates with appropriate partners on District activities.