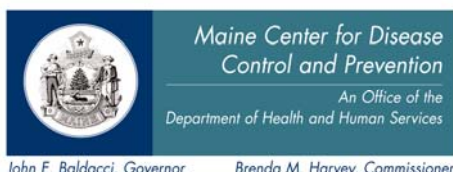


# Asthma

## Division of Chronic Disease, Maine Center for Disease Control and Prevention Maine Department of Health and Human Services

- ❑ Asthma is a chronic inflammatory disease of the airways. It is estimated that almost 17 million Americans are affected by asthma.
- ❑ Over 8,000 emergency room visits and over 1,000 hospitalizations occur in Maine resulting in an estimated \$4.1 million dollar cost.
- ❑ Maine's adult population has one of the highest asthma prevalence rates in the United States (BRFSS 2009).
- ❑ Overweight and obese adults are more likely to have current asthma and lifetime asthma than adults of normal weight.
- ❑ Low income and minority populations experience higher rates of fatalities, hospital admissions and emergency room visits due to asthma.



*Jim Braddick*  
Program Manager  
286 Water Street, 4<sup>th</sup> Floor  
11 State House Station  
Augusta, Maine 04333-0011  
Telephone: -207-287-7302  
TTY: 800-606-0215  
Fax: 207-287- 4631  
[jim.braddick@maine.gov](mailto:jim.braddick@maine.gov)  
[www.maine.gov/dhhs/bohdcfh/mat/](http://www.maine.gov/dhhs/bohdcfh/mat/)

In the last decade numerous national efforts have addressed the rising asthma epidemic. The Center for Disease Control and Prevention has provided funding in many states, including Maine, to address asthma from a Public Health perspective. The Maine Asthma Prevention and Control Program uses the 10 Essential Public Health Services to reduce the burden of asthma in Maine, through the use of surveillance techniques, funding intervention activities, and collaboration with partners.

### Program Goals:

The Program has three over arching goals:

- ❑ Increase the proportion of people with current asthma who report that they have received self-management education.
- ❑ Reduce Asthma disparities among affected populations.
- ❑ Decrease hospital admissions and emergency department visits for people with asthma.

The Program addresses asthma in nine priority settings:

1. Asthma Awareness
2. Disparate Populations
3. Health Care Management
4. Healthy Homes
5. Outdoor Air
6. Asthma Friendly Schools
7. Workplaces
8. Evaluation
9. Surveillance

### Priority Population:

All Maine residents affected by asthma, especially the undiagnosed and unmanaged population.

### Program Activities:

- ❑ Ensure Maine people have access to information and education on how to self-manage their asthma.
- ❑ Ensure Maine people live and work in asthma friendly environments.
- ❑ Work with partners to reduce hospital admissions and emergency department visits due to asthma.
- ❑ Address barriers to health insurance reimbursement for Asthma Education.

Funding Source: 159EH000496

Centers for Disease Control and Prevention cooperative agreement.

Budget (FY 11): \$450,000 (100% Federal funds)

Staff Count: 2 FTE

# Breast and Cervical Health

Division of Chronic Disease, Maine Center for Disease Control and Prevention  
Maine Department of Health and Human Services

- ❑ In 2010, it is estimated that 1,160 women will be newly diagnosed with breast cancer, and approximately 170 women will die from breast cancer.\*
- ❑ Annually in Maine, an average of 55 women are diagnosed with cervical cancer, and an average of 16 women die from cervical cancer.\*\*
- ❑ It is estimated that 27,148 Maine women are eligible for breast and cervical cancer screening services through the MBCHP, based on age, income, and health insurance coverage.
- ❑ If women age 50 and older obtain regular screening for breast cancer, up to 32% of breast cancer deaths could be prevented. Virtually all of cervical cancer deaths could be prevented through regular screenings.

\* American Cancer Society,  
*2010 Cancer Facts and Figures*

\*\* Maine Cancer Registry,  
*2010 Maine Annual Cancer Report*



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Maryann M. Zaremba  
Program Manager  
286 Water Street, 4th Floor  
11 State House Station  
Augusta, Maine 04333-0011  
Telephone: 207-287-8068  
Toll Free: 800-350-5180  
TTY: 800-438-5514  
Fax: 207-287-4100  
[maryann.m.zaremba@maine.gov](mailto:maryann.m.zaremba@maine.gov)  
[www.maine.gov/dhhs/bohdcfh/bcp/](http://www.maine.gov/dhhs/bohdcfh/bcp/)

Maine is one of 68 states, District of Columbia, territories and tribal organizations that have received funding from the federal Centers for Disease Control and Prevention (CDC) to implement a comprehensive breast and cervical cancer early detection program. Early detection is currently the best way to combat breast and cervical cancer. The program helps low-income, uninsured and underinsured women gain access to breast and cervical cancer screening and diagnostic services.

#### Program Goals:

- ❑ To reduce breast and cervical cancer morbidity and mortality through early detection, public and professional education, quality assurance and surveillance;
- ❑ To provide breast and cervical cancer screening and follow-up services to low-income Maine women;
- ❑ To provide public education to encourage all Maine women to obtain regular breast and cervical cancer screening;
- ❑ To support professional education in breast/cervical cancer control issues;
- ❑ To provide assistance and support to health professionals and health care organizations to assure the quality of services delivered;
- ❑ To implement surveillance and evaluation systems to monitor the status of the diseases and progress of the program;
- ❑ To link women diagnosed with breast or cervical cancer to the Maine Treatment Act for treatment services.

#### Priority Populations:

Women age 35-64 (only symptomatic women age 35 - 39; and limited openings for women age 40 - 49) who are at or below 250% of the federal poverty level; and who have no coverage, or insufficient coverage, for breast and cervical cancer screening and diagnostic services. Special emphasis is on women who have never or rarely been screened for breast and/or cervical cancer, Native Americans, and other racial, ethnic, and cultural minorities.

#### Program Activities

The program funds nearly 300 provider sites around the State for screening and diagnostic services. Primary Care sites provide clinical breast exams, pelvic exams, and Pap tests, refer women for mammography, and coordinate diagnostic services for women with abnormal screening results. Mammography facilities provide screening and diagnostic imaging services. Laboratories provide cytology and pathology services. Upon referral from a PC site, other health care professionals provide diagnostic services (i.e. colposcopy with biopsy; breast biopsy; surgical consultation, etc.). Patient navigation / case management services provided to clients with abnormal screening results to ensure appropriate and timely diagnostic services received by client. Enroll eligible women diagnosed with breast/cervical cancer or pre-cancer conditions into Maine Treatment Act for cancer treatment services.

#### Funding Sources

The program is funded through a cooperative agreement with the federal Centers for Disease Control and Prevention (CDC), under the National Breast and Cervical Cancer Early Detection Program. The cooperative agreement funds are matched with funding from the State of Maine and in-kind support totaling \$1 for every \$3 (federal).

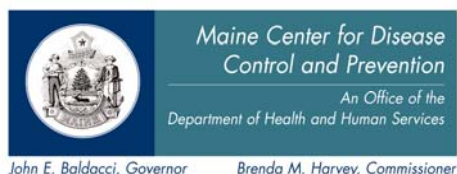
Budget: FY 2010-2011 - \$2,187,085 [83% Federal/ 17% State General Funds]

Staff Count: 12 FTEs

# Cardiovascular Health

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

- ❑ Cardiovascular disease (CVD) is the leading cause of death in Maine.
- ❑ In every year since 1900, except 1918 (flu), CVD has accounted for more deaths than any other cause of death in the United States.
- ❑ Maine rates of death from stroke are the highest of any New England state.
- ❑ Heart diseases & stroke account for over 28% of all Maine deaths.
- ❑ 41% of Maine adults who have ever had their blood cholesterol tested have at some point been told it is high (2008)
- ❑ 33% of Maine adults have at some point been told their blood pressure (2008)
- ❑ Only 13% of Maine residents recognize the signs of a heart attack and would call 911.
- ❑ Just fewer than 20% of Maine residents recognize the signs of a stroke and would call 911.



Troy Fullmer  
Program Manager  
286 Water Street, 5th Floor  
Augusta, Maine 04333-0011  
Telephone: 207-287-2906  
TTY: 800-606-0215  
Fax: 207-287-7213  
[troy.fullmer@maine.gov](mailto:troy.fullmer@maine.gov)

Website  
<http://mainehearthealth.org/>

The Maine CDC/DHHS Cardiovascular Health Program partners with local organizations, schools, employers, health care providers, and State organizations to prevent Cardiovascular Disease (CVD) death and disability in Maine. We promote a way of life that supports and includes preventing and controlling risk factors, especially high blood pressure and high blood cholesterol, and increasing timely, effective care for heart attacks and strokes. To accomplish this, we partner with State level organizations, provide education to Maine residents, and offer technical assistance, resources and training to community organizations, health care providers and employers.

#### Program Goal:

To reduce death, disability and health care costs due to CVD

#### Program priorities:

- ❑ Controlling high blood pressure and high blood cholesterol
- ❑ Increasing knowledge of signs and symptoms of heart attack and stroke and the need to call 911
- ❑ Improving emergency response for heart attack and stroke
- ❑ Improving quality of care related to CVD
- ❑ Eliminating disparities related to CVD prevention and control

#### Priority Populations:

Residents of low socioeconomic status, especially rural, Native Americans, women fifty and older, and persons with diabetes.

#### Program Activities:

- ❑ Assisting the Healthy Maine Partnerships in supporting community-school partnerships funded through the Fund for a Healthy Maine to address high blood pressure, high cholesterol, and timely treatment for heart attack and stroke
- ❑ Providing technical assistance and trainings to Maine employers on worksite health promotion
- ❑ Promoting the use of evidence-based guidelines to address heart attack and stroke in Emergency Medical Services (EMS), hospital, and provider settings;
- ❑ Works on blood pressure measurement quality improvement efforts by offering trainings and resources for health care professionals and laypersons
- ❑ Promoting HeartSafe Communities in partnership with the Maine Office of EMS;
- ❑ Assessing and monitoring the burden of CVD, including identification of at-risk groups.

#### Funding Source:

Centers for Disease Control and Prevention cooperative agreement

Budget: FY 2010 - \$1,185,913 (100% Federal funds)

Staff Count: 9

# Diabetes Prevention and Control

Maine Center for Disease Control and Prevention

Maine Department of Health and Human Services

- As many as 1 in 9 adults in Maine may have diabetes:
  - 87,368 are diagnosed (8.3% of Maine adults);
  - 29,122 have the disease but are undiagnosed.
- 40% of people ages 40 to 74 are estimated to have pre-diabetes. In Maine, this would amount to 201,834 people. Pre-diabetes raises cardiovascular risk by 50%.
- Between 1998 and 2006, the age-adjusted rate of deaths due to diabetes as an underlying cause among Maine residents remained about the same (24 versus 21 per 100,000, respectively). Over the same time period, the age-adjusted rate of deaths due to diabetes as any listed cause decreased from 78 to 70 deaths per 100,000
- Compared to those without diabetes, people with diabetes face 2-3 times the risk of death each year and suffer from more chronic conditions including heart disease, lower extremity amputations and blindness.
- Diabetes is the leading cause of end stage renal disease (ESRD). In 2002, 43% of all newly diagnosed ESRD patients in Maine had a diagnosis of diabetes.



John E. Baldacci, Governor      Brenda M. Harvey, Commissioner

**Troy Fullmer**  
Program Manager  
286 Water Street, 5th Floor  
11 State House Station  
Augusta, Maine 04333-0011  
Telephone: 207-287-5380  
TTY: 800-606-0215  
Fax: 207-287-7213

[www.maine.gov/dhhs/bohdcfh/dcp](http://www.maine.gov/dhhs/bohdcfh/dcp)

Beginning in 1977, and continuing to the present, the Diabetes Prevention & Control Program (DPCP) has managed a statewide program responsible for a wide variety of activities that address the reduction of morbidity, mortality and the associated cost burdens of diabetes in the state.

The Diabetes Prevention & Control Program strives to respond to the State's evolving health care delivery systems and the scientific community's support for rigorous glycemic control and lifestyle interventions that effectively prevent and/or delay the onset of diabetes and associated complications. It supports community-based diabetes self-management education programs and their integration with regional interventions that address health promotion and disease prevention activities, as well as tobacco cessation, physical activity and nutrition improvement activities and diabetes surveillance activities. It works with a variety of stakeholders to improve diabetes care through health systems and community partnerships to further the development and spread of the Planned Care Model.

#### Program Goals:

- Prevent diabetes
- Prevent the complications, disabilities, and burden associated with diabetes
- Eliminate diabetes related health disparities
- Maximize organizational capacity to achieve National Diabetes Program goals

#### Priority Populations:

People with both type 1 and type 2 diabetes mellitus, those with diabetes that experience disparities in health outcomes, persons yet to be diagnosed and those with pre-diabetes.

#### Program Activities:

The program includes diabetes surveillance and evaluation activities; professional education; community interventions; technical assistance and resource support; promotion and advocacy of diabetes standards of care and standards of diabetes self-management education. Particular focus is on the prevention of complications and premature mortality among people with diabetes, as well as collaboration with new and existing programs that support social and environmental policies for the promotion of wellness in people with diabetes and those at risk for diabetes.

#### Funding Source:

Centers for Disease Control and Prevention cooperative agreement.

Budget: FY 2010-11 - \$425,591

Staff Count: 4

# Coordinated School Health

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

## Challenges:

- ❖ According to the 2009 Maine Integrated Youth Health Survey (MIYHS), 19.7% of Maine high school (HS) students report smoking a cigarette in the past 30 days. This represents an *increase* in youth smoking as compared to previous data. Additionally, 9.5 % of HS students used chewing tobacco; 50.1% were exposed to secondhand smoke in the last 7 days.
- ❖ 2009 MIYHS data shows that only 14.8% of high school students and 18.4% of middle school students in Maine consumed the recommended 5 or more servings of fruits and/or vegetables a day in the past week. For physical activity, 39% of HS and 47.3% of MS students met recommendations

## Successes:

- ❖ According to 2010 School Health Profiles data, 65% of Maine' middle and high schools have policies that mandate a "tobacco-free" environment; 49% of middle and high schools always offer fruits and/or non-fried vegetables at school celebrations



John E. Baldacci, Governor      Brenda M. Harvey, Commissioner

Sheila Nelson, MPH, MSW  
Director, Coordinated School Health Programs  
286 Water Street, 5<sup>th</sup> Floor  
11 State House Station  
Augusta, Maine 04333-0011  
Telephone: 287-3856  
[sheila.nelson@maine.gov](mailto:sheila.nelson@maine.gov)

Judi Sipowicz, M.ED  
Director, Coordinated School Health Programs  
Maine Department of Education  
23 State House Station  
Augusta, Maine 04333  
Email: [judith.sipowicz@maine.gov](mailto:judith.sipowicz@maine.gov)  
Phone: 624-6696

The Coordinated School Health Program (CSHP) provides support to local schools and communities to increase and enhance their programs and policies in the area of youth health. The Coordinated School Health model is an evidence-based approach that strives to create schools that are healthy places for students and staff to learn and work. To achieve this, CSHP focuses on local and state-wide policy and environmental change within schools, with a special emphasis on Physical Activity, Nutrition, and Tobacco-Use Prevention (PANT).

## Program Activities:

The Coordinated School Health Program is collaboration between Maine CDC/DHHS and the Maine Department of Education, bringing together the expertise of public health and education to support effective health intervention in school environments. This includes developing resources and providing technical assistance and professional development for partners at the state and local levels. Additionally, in collaboration with the Healthy Maine Partnership Initiative, the Coordinated School Health Program provides oversight, support, and technical assistance to School Health Coordinators (SHCs) in local districts across the state. The SHCs are responsible for developing, advocating, and supporting policy and environmental change to improve health for their school communities, in alignment with the CSHP model and the HMP goals and objectives.

## Program Goals:

The goal of CSHP is to create and sustain safe and healthy school environments as the norm. The Coordinated School Health Program concentrates statewide and local efforts for 8 naturally inter-related component areas. These areas include:

- School Climate
- School Counseling, Physical, and Behavioral Services
- Comprehensive School Health Education
- Physical Environment
- Health Promotion and Wellness
- Physical Education and Physical Activity
- Youth, Family, and Community Involvement
- School Nutrition and Food Services

## Priority Populations:

The students, staff, and families of all Maine schools, including schools in under-resourced areas and Maine's Tribal Schools.

## Funding Sources:

5-year Cooperative Agreement with US Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH).

For more information on Coordinated School Health Programs, please visit the CSHP website at [www.maineeshp.com](http://www.maineeshp.com)

# Comprehensive Cancer Control

## Maine Center for Disease Control and Prevention

### Maine Department of Health and Human Services

- ❑ Cancer is the second leading cause of death in Maine.\*
- ❑ It is estimated that 8,650 Mainers will be diagnosed with cancer in 2010.\*\*
- ❑ It is estimated that 3,170 Mainers will die of cancer in 2010.\*\*
- ❑ It is estimated that cancer will cost the nation \$263.8 billion dollars in 2010 (direct and indirect costs considered).\*\*
- ❑ Over half of all cancers can be prevented through lifestyle changes (eliminating tobacco use, improving physical activity and nutrition, maintaining a healthy weight, limiting alcohol, utilizing safer sex practices, and avoiding excessive sun exposure).\*\*\*
- ❑ Due to advances in cancer screening and treatment, survival rates are steadily improving. Sixty-six percent of adults diagnosed with cancer survived for at least five years, and 79% of those who had childhood cancer were alive after 10 years.\*\*\*\*

\* Maine Cancer Registry

\*\* American Cancer Society, 2010 Cancer Facts and Figures

\*\*\* American Cancer Society, 2008 Cancer Facts and Figures

\*\*\*\* US SEER



Jasmil Patillo, MA  
Health Program Manager  
286 Water Street, 5<sup>th</sup> Floor  
11 State House Station  
Augusta, Maine 04333-0011  
Telephone: 207-287-4715  
TTY: 800-606-0215  
Fax: 207-287-7213  
[jasmil.patillo@maine.gov](mailto:jasmil.patillo@maine.gov)

The Maine Comprehensive Cancer Control Program (MCCCP) is committed to reducing the burden of cancer in Maine by promoting healthy behaviors, improving access to preventive and therapeutic cancer care, reducing cancer disparities, and fostering statewide partnerships that enable a synergistic approach to reducing the physical, emotional and economic impact of cancer in Maine. The MCCCP has several Federal grants that pay for program activities. In the fall of 2010, the MCCCP, in partnership with the Maine Cancer Consortium, released the third *Maine Comprehensive Cancer Control Plan*. This plan is designed to guide efforts, and make a significant impact on Maine's cancer burden.

#### Program Goals:

- ❑ To increase statewide integration, coordination, and provision of quality prevention, detection, treatment, rehabilitation, survivorship, palliative, and end of life care services in Maine;
- ❑ To increase population-level awareness and the proportion of Maine residents who appropriately utilize screening, have access to high quality cancer prevention, detection, treatment, rehabilitation, survivorship, palliative, and end of life care information and services;
- ❑ To improve the quality and coordination of cancer surveillance and other data systems and the extent to which these and other evaluation data are used for comprehensive cancer control programming and management.

#### Program Activities:

- ❑ Conducting participatory evaluation of the Maine Comprehensive Cancer Control Program, the Maine Cancer Consortium, and implementation of the *Maine Comprehensive Cancer Control Plan*.
- ❑ Partnering with the Healthy Maine Partnerships to implement colorectal cancer community outreach and education projects.
- ❑ Facilitating the establishment, development and implementation of the Colorectal Cancer Control Program and ensuring access in all regions of the state by collaborating with Maine's four major Health Systems to provide screening, diagnostic, and follow-up services to priority populations.
- ❑ Implementing *Sun Blocks*, a sun safety program for Maine childcare providers, which includes professional development for staff, early childhood education, parent materials and policy resources.
- ❑ Distributing sun safety education, information and resources to Maine Parks and Recreation Departments.
- ❑ Funding projects to address cancer disparities among Maine's Native American Tribes.

#### Priority Populations:

All Maine residents, with an emphasis on those over 50, those living in underserved areas, those of low SES, and minority populations.

Funding Sources: The program is funded through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), under the National Cancer Prevention and Control Program.

Budget: FY11 – Total \$1,407,571 for Program Implementation (100% Federal funds).

Staff: 2 FTEs

Website: <http://www.maine.gov/dhhs/boh/ccc/index.shtml>

# Office of Substance Abuse

## Maine Department of Health and Human Services

The Issue in Maine:

- ❑ In 2005, the total estimated cost of substance abuse in Maine was \$898.4 million.
- ❑ This \$898.4 million translates into a cost equaling \$682 for every resident of Maine.
- ❑ Substance abuse treatment (\$25.2 million) comprised the smallest proportion of total cost (2.80%), while crime, \$214.4 million, comprised the largest proportion of costs (23.9%).
- ❑ The largest single cost category in 2005 was crime, accounting for an estimated \$214.4 million, followed by mortality, with estimated costs totaling \$204.2 million. Significant costs due to medical care (\$186.8 million), morbidity (\$155.6 million), and other related costs (\$112.2 million) were also incurred.



Office of Substance Abuse  
Department of Health and Human Services

Guy R. Cousins, Director  
41 Anthony Ave.  
11 State House Station  
Augusta, Maine 04333-0011  
Telephone: 207-287-2595  
TTY: 207-287-4475  
Fax: 207-287-8910  
Guy.Cousins@maine.gov

Website: [www.maine.gov/dhhs/osa/](http://www.maine.gov/dhhs/osa/)

The Maine Office of Substance Abuse (OSA) is the single state administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance abuse services.

The Office provides leadership in substance abuse prevention, intervention, and treatment. Its goal is to enhance the health and safety of Maine citizens through the reduction of the overall impact of substance use, abuse, and dependency.

### **Prevention:**

- ❑ Works to prevent and reduce substance abuse and related problems by providing leadership, education and support to communities and institutions throughout Maine.

### **Intervention:**

- ❑ Targets people at risk or in the early stages of developing substance abuse problems and to minimize future problems.

### **Treatment:**

- ❑ The treatment team works with the statewide provider network to assure access to a full continuum of quality treatment services and provides technical assistance to providers around program development, implementation, and best practices in alcohol and drug treatment programs.

### **Public Awareness:**

- ❑ The Information and Resource Center offers public assistance to those searching for general information relating to substance abuse and maintains listings of treatment facilities and support group meetings in Maine.

### **Data & Research:**

- ❑ The basic operating premise of the Office of Substance Abuse is that its work is guided by objective data. The data and research team gathers data from multiple sources to inform planning and resource allocation decisions.

### **Funding:**

- ❑ OSA is funded through Federal Block grants and Federal Categorical grants, Medicaid, Tobacco Settlement Funds and the State General Fund.
- ❑ OSA provides funds for services through contracts with agencies statewide and provides oversight and technical assistance to contracted agencies. It does not provide any direct services or money to individuals to receive direct services.

## **Office of Substance Abuse**

### **Maine Department of Health and Human Services**

#### **Prevention Services:**

- ❑ Prevention Media Campaign: [www.MaineParents.net](http://www.MaineParents.net) –for parents of Maine teenagers; WorkAlert –for businesses to develop drug-free workplace policies - [www.maine.gov/workalert](http://www.maine.gov/workalert); Party Smarter--for high-risk drinkers ages 21-25 - [www.maine.gov/partysmarter](http://www.maine.gov/partysmarter)
- ❑ Substance Abuse and the Workplace – building healthy employees and reducing costs through prevention
- ❑ Inhalant Abuse Prevention Workgroup – integrating inhalant prevention throughout current programs
- ❑ Alcohol Licensee Support
  - Card ME Program – a program for retailers to enhance in-store policies
  - On line policy generator for on and off premise alcohol licensees
  - Alcohol and tobacco compliance checks
  - Retail Beverage Service trainings for licensed alcohol sellers and servers.
- ❑ Law Enforcement Training
- ❑ School Support
  - Your Substance Abuse Policy: A Comprehensive Guide for Schools
  - Maine’s Higher Education Alcohol Prevention Program
  - Substance Abuse and Violence Prevention for Schools
- ❑ State Epidemiological Outcomes Workgroup (SEOW) Grant
- ❑ Universal, Selected and Indicated Evidence Base Programs:
  - Healthy Maine Partnerships
  - Student Intervention Reintegration Program
  - Youth Substance Abuse Prevention Programs

#### **Intervention Services:**

- ❑ Maine Driver Education and Evaluation Program (DEEP) – provides therapeutic intervention into the cause of the behavior that resulted in an impaired driving offense.
- ❑ Maine Prescription Monitoring Program – provides patient specific reports to authorized health care professionals

#### **Treatment Services:**

- ❑ Substance Abuse Recovery Services collaborates with treatment providers, the recovery community, state offices and partners to augment services to those in recovery from substance abuse.
- ❑ Co-Occurring State Integration Initiative (COSII) serving people with co-occurring mental health and substance abuse disorders
- ❑ Criminal Justice is focused on providing treatment services to correctional clients involved with the Maine Department of Corrections (MDOC).

*The Office of Substance Abuse uses these initiatives to improve access and retention in treatment statewide for individuals with addictive disorders and co-occurring conditions.*

#### **Data & Research Surveillance Programs:**

- ❑ Community Epidemiology Surveillance Network (CESN)
- ❑ Maine Integrated Youth Health Survey (MIYHS)
- ❑ Prescription Monitoring Program (PMP)
- ❑ Treatment Data System (TDS)

#### **Information and Resource Center**

- ❑ The Information and Resource Center offers many materials about substance abuse at no cost to Maine citizens. Books literature, and pamphlets are distributed free and videos are available to organizations, schools, and community groups. The IRC also maintains listings of treatment facilities and support group meetings.

# Physical Activity – Nutrition – Healthy Weight Program

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

## The Problem:

- ❑ Obesity is a chronic disease. It is arguably one of the most serious public health threats in the United States and Maine today.
- ❑ Overweight and obesity increase the risk of disease from high blood pressure, high blood cholesterol, heart disease, stroke, type 2 diabetes, gall bladder disease, osteoarthritis, sleep apnea and respiratory problems, and some cancers.
- ❑ The prevalence of adult obesity in Maine has doubled since 1992. Obesity in children has approximately tripled since the 1970s.
- ❑ In 2009, 2/3rds of Maine adults were overweight or obese.
- ❑ More than 1 in 4 of Maine's Middle and High School youth are overweight or obese.
- ❑ And 1 in 3 children entering kindergarten are already overweight or obese.



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

David Crawford, MPH  
Program Manager  
Key Plaza, 4th Floor  
Augusta, Maine 04333-0011  
Telephone: 207-287-5388  
TTY: 800-60-0215  
Fax: 207-287-4631  
[david.crawford@maine.gov](mailto:david.crawford@maine.gov)

## Program Background:

The Physical Activity, Nutrition and Healthy Weight (PAN-HW) Program provides the State-level leadership, coordination and collaboration for integrated approaches to physical activity and nutrition (PAN) promotion and overweight and obesity prevention, including promotion and maintenance of the State's Physical Activity and Nutrition Plan. The Program develops, implements and evaluates evidence-based interventions and promising practices for PAN promotion and obesity prevention in the community, school, worksite and healthcare settings, especially for populations experiencing health disparities. In addition to developing and maintaining surveillance data for public, local and state organizations, the Program also provides technical assistance, resources and guidance to the Healthy Maine Partnerships and other community organizations and initiatives relating to PAN promotion, obesity prevention and State and local level policy and legislative change.

## Physical Activity and Nutrition Plan 2005-2010 Goals:

- ❑ To increase the proportion of Maine citizens who are at a healthy weight and reduce the health risks associated with overweight and obesity.
- ❑ To identify and eliminate health disparities related to overweight and obesity among priority populations.

## Priority Populations:

- ❑ Those residents with low socioeconomic status and Native American residents.

## Program Activities:

- ❑ Expand the coordinated nutrition and physical activity infrastructure and provide the leadership to integrate physical activity and nutrition programs across State-level programs and coordinate activities of non-governmental entities with interests in physical activity and nutrition or obesity; implement the PAN Plan.
- ❑ The Program provides oversight of recent American Reinvestment and Recovery Act funding for the Communities Putting Prevention to Work project awarded to Healthy Portland and Healthy Lakes until March of 2012.

## Funding Sources:

Fund for Healthy Maine (FHM), staff support; USDA, staff support and the Healthy Weight Awareness Campaign; ARRA – CPPW funds two Healthy Maine Partnerships, staff.

Budget: FY 2010 - \$280,000 FHM; USDA – \$350,000; CPPW funding, ~ \$600,000 per yr, for two years to fund media, evaluation and technical assistance.

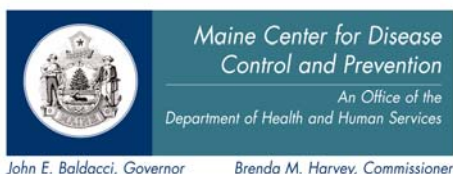
Staff Count: 5

# Partnership For A Tobacco-Free Maine

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

## The Problem:

- ❑ Tobacco use is the leading cause of preventable death and disability in Maine and the nation.
- ❑ Seven (7) people die every day from a tobacco-related illness, one of them a non-smoker who dies because of exposure to second-hand smoke.
- ❑ Tobacco costs the state over \$600 million annually for healthcare in Maine.
- ❑ Tobacco companies spend \$59 million annually in Maine to market tobacco products.
- ❑ Nearly 1 in 5 high school students smokes currently.
- ❑ Nearly 1 in 3 pregnant women on Medicaid smokes.
- ❑ Approximately 1 in 5 adults smokes.



Dorean Maines  
Program Manager  
286 Water Street, 4th Floor  
11 State House Station  
Augusta, Maine 04333-0011  
Tel: 207-287-4627  
TTY: 207-287-8015  
Fax: 207-287-4636  
[dorean.e.maines@maine.gov](mailto:dorean.e.maines@maine.gov)

The Partnership For A Tobacco-Free Maine (PTM) is the State comprehensive tobacco prevention, control and treatment program established in 1997 by the Maine legislature. The program was directed in statute to assist people who use tobacco to quit, provide an ongoing media campaign, increase law enforcement regarding tobacco sales, grant community and school-based programs aimed at tobacco prevention and control as well as community-based enforcement of state tobacco control laws, and conduct surveillance and evaluation of the prevention and control program. PTM works at all levels to establish policies and environments that promote tobacco-free living; the program also provides evidence-based services to help tobacco users quit. In 1999, the Maine Legislature allocated a significant amount of the State's share of the tobacco settlement to fund and expand the Partnership For A Tobacco-Free Maine as well as a community/school component that became the Healthy Maine Partnerships.

## Program Goals:

- ❑ Preventing youth and young adults from starting to use tobacco;
- ❑ Motivating and assisting tobacco users to quit;
- ❑ Eliminating involuntary exposure to secondhand smoke;
- ❑ Addressing populations disproportionately affected by tobacco use.

## Program Activities:

Program activities are evidence-based strategies that when combined, can have a profound influence on improving behaviors by changing community environments.

- ❑ Provide statewide public education and awareness and hard-hitting counter-advertising campaigns and materials.
- ❑ Support adoption of policies that prevent exposure to secondhand smoke and establish a non-smoking social norm.
- ❑ Reduce youth access to tobacco by restricting point of purchase advertising, controlling product placement, enforcing current laws.
- ❑ Provide statewide coordinated system of tobacco treatment services, including the free Maine Tobacco HelpLine, tobacco treatment medication program, and training in tobacco treatment for healthcare providers and other providers.
- ❑ Provide technical assistance and support on evidence-based practices as well as specific tools for policy development in worksites, schools, recreation areas, and for responsible retailer outreach, training and recognition.

Funding Sources: State funding for PTM is provided by legislative allocation of tobacco settlement monies through the Fund for a Healthy Maine (FHM). PTM also receives federal funding through the federal Centers for Disease Control and Prevention. In FYs 2010-11, PTM received one-time, limited CDC funding through ARRA and ACA as well as one-time, limited funding through FDA.

Budget: Approximately \$16.5 million in FY11 (9% US CDC; 91% FHM), including funds for the local Healthy Maine Partnerships (approx. \$6.5 million, see HMP sheet for details).

Staff Count: 8

---

## Office of Local Public Health

### Maine Center for Disease Control and Prevention

### Department of Health and Human Services

---

The Office of Local Public Health (OLPH) was created in 2008 in order to strengthen and improve public health services and infrastructure at the local and district levels. Organizationally, the office is located within Maine CDC Administration.

OLPH staff collaborate and partner with other Maine CDC and DHHS Programs and divisions, local service providers, municipal governments, and community partners to effectively and efficiently coordinate and integrate local and district-wide public health activities.

OLPH employs a number of District Public Health Liaisons who are placed throughout the state at District DHHS Offices. Liaisons provide public health leadership at the district level and work in close collaboration with other Maine CDC field staff, including District Field Epidemiologists, Public Health Nurses and Health Inspectors.



*Mark Griswold, M.Sc.*  
*Director*  
286 Water Street, 8th Floor  
11 State House Station  
Augusta, Maine 04333-0011  
Telephone: 207-287-6262  
TTY: 800-606-0215  
Fax: 207-287-9058  
[mark.griswold@maine.gov](mailto:mark.griswold@maine.gov)

#### Priorities:

- ❑ Strengthen local public health infrastructure through activities that promote coordination, integration and efficiency;
- ❑ Assure accountability to local communities for fairness and transparency;
- ❑ Provide technical assistance and secure both technical and financial resources;
- ❑ Encourage continued development of public health expertise at the local and district level;
- ❑ Enable and promote consistent delivery of Essential Public Health services throughout Maine.

#### Program Activities:

- ❑ Provide training and ongoing technical assistance to Local Health Officers. Work to link LHOs to other local and district public health partners and activities.
- ❑ Coordinate and facilitate formation of functioning Maine CDC public health field staff units in all eight DHHS Districts.
- ❑ Work with Healthy Maine Partnerships to form District Coordinating Councils (DCCs) in all DHHS Districts. DCCs will provide district-level public health planning and coordination.
- ❑ During public health emergencies, be present in county emergency operation centers to provide communication linkages between county emergency management agencies and Maine CDC.
- ❑ Assist with public health assessments, such as the MAPP process being conducted by Healthy Maine Partnerships.
- ❑ Provide a linkage between district partners and state public health entities for resource and information sharing.

Budget: FY 2007 ~ \$1.3M (75% Federal funds, 25% State funds)

Staff Count: 12

---

# Healthy Maine Partnerships Initiative

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

## Purpose:

- Leverage resources across seven MCDC programs, the Department of Education, and the Office of Substance Abuse to facilitate a coordinated effort to reduce tobacco use, substance abuse and tobacco-related chronic diseases;
- Coordinate activities between the Maine Center for Disease Control and Prevention, the Office of Substance Abuse, and the Department of Education to assist schools across Maine in developing quality coordinated school health programs that address tobacco use, substance abuse, physical inactivity, poor nutrition; and other risk factors;
- Provide training and technical assistance and support for 28 local Healthy Maine Partnerships;
- Coordinates the monitoring and evaluation activities of the Partnership For A Tobacco-Free Maine, the Maine Cardiovascular Health Program, the Physical Activity and Nutrition Program and the 28 local Partnerships.



John E. Baldacci, Governor      Brenda M. Harvey, Commissioner

Andrew Finch LCSW  
Sr. Program Manager  
Key Plaza – 4<sup>th</sup> Floor  
11 State House Station  
Augusta, ME 04333-0011  
Telephone: 207-287-6027  
TTY: 207-287-8015  
Fax: 207-287-4636

[andrew.finch@maine.gov](mailto:andrew.finch@maine.gov)  
[www.healthymainepartnerships.org](http://www.healthymainepartnerships.org)

## Background:

In 2000, the Maine State Legislature appropriated funds from the 1998 Master Settlement Agreement to be used to create the infrastructure for a collaborative effort to reduce tobacco-related chronic diseases. In January of 2001 the Healthy Maine Partnership (HMP) Initiative began. In 2010 the initiative was put out to RFP for its third grant cycle.

The HMP initiative is the foundation of a coalition-based local Public Health Infrastructure covering every town in the State of Maine. There are two components of the HMP; Non-categorical public health programming focused on implementing the 10 Essential Public Health Services, and categorical programming dedicated to implementing at the local level, the objectives of the component programs of the HMP.

This initiative combines 7 categorical programs of the Maine Center for Disease Control, the Department of Education, and DHHS' Office of Substance Abuse into an active partnership to address tobacco, substance abuse, and tobacco-related chronic disease and associated risk factors in communities and schools. The initiative links together:

- Partnership for a Tobacco Free Maine
- Office of Substance Abuses' Prevention Program
- Physical Activity, Nutrition and Healthy Weight Program
- Cardiovascular Health Program
- Diabetes Prevention and Control Program
- Asthma Program
- Comprehensive Cancer Control Program
- Coordinated School Health Program

This partnership assures the coordination of state and local intervention activities. Twenty Eight local HMP Partnerships are funded to implement comprehensive community-level interventions that promote and support health and a healthier lifestyle through the development of policies and changes in local environments that allow people to avoid key health risks and emphasize health-related prevention activities.

## Priority Populations:

People who use or are at risk for using tobacco, those who are at risk of chronic disease due to inactivity, poor or inadequate nutrition, or poor health habits. This includes people with low incomes, minorities, those with other health disparities, and pregnant smokers and their families.

## Funding Sources:

The Fund for a Healthy Maine, the Preventive Health and Health Services Block Grant (PHHSBG), Substance Abuse and Mental Health Services Administration Block Grant, and Center for Disease Control and Prevention categorical grants.

Budget (within Chronic Disease Division, MCDC): \$104,613 (PHHSBG) & \$45,455 (FHM) to support state infrastructure; approx. \$6.5M (FHM) to support local HMP programming.

Staff Count: 2