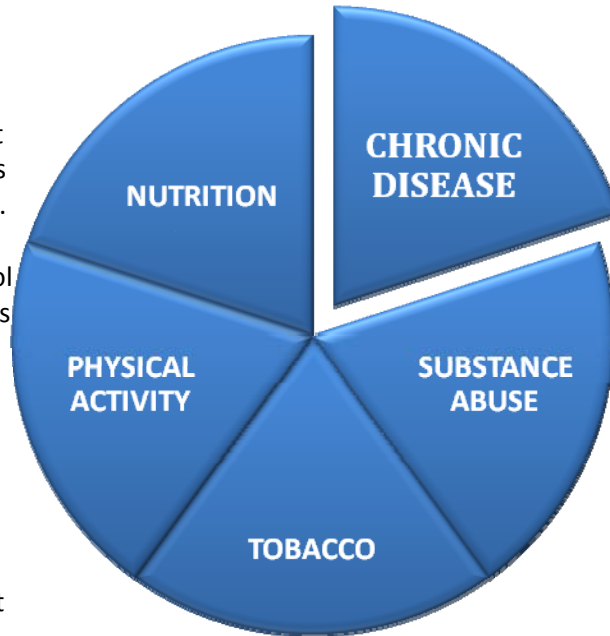




The **Healthy Maine Partnerships Initiative** began in January 2001. Local Healthy Maine Partnerships (HMPs) are funded to implement comprehensive community level interventions that support and promote a healthier lifestyle. Every HMP subcontracts to fund a School Health Coordinator (SHC) in at least one school district within their service area. Interventions emphasize developing policies and making changes to the local environment. Specific health outcomes are focused in the areas of tobacco, physical activity, nutrition, chronic disease and substance abuse.

Chronic Disease program areas in the HMP Initiative are: Asthma, Cancer, Diabetes, Heart Disease and Stroke.

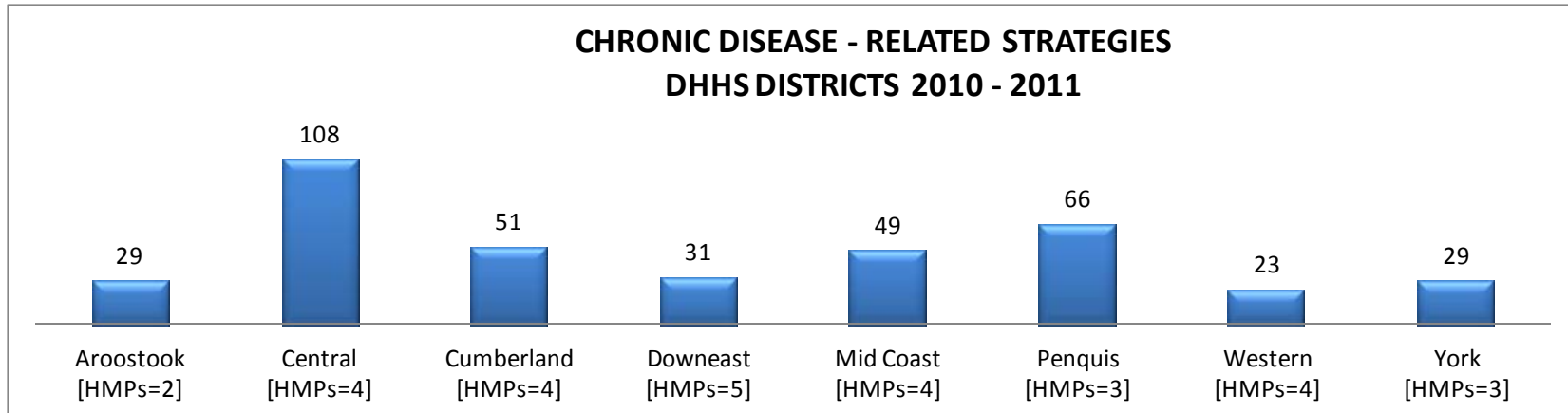


The mission of **Chronic Disease, Maine CDC, DHHS** is to improve health and prevent or reduce the impact of chronic disease among Maine residents by creating an environment that is supportive of healthy lifestyles and self management of chronic disease.

Programs use a systems approach that considers individuals within the social, organizational, and environmental contexts in which they live.

Chronic Disease Management goals are to (i) promote health and prevent the onset of chronic disease through early detection; and (ii) prevent the progression and complications of chronic disease to maintain / improve quality of life related to asthma, cancer, diabetes, heart disease and stroke.

Statewide, local HMPs selected a total of **386 chronic disease-related strategies** to work on within community settings for the year 2010– 2011 (ME KIT Prevention System).



Prepared by the UNE Center for Community & Public Health for the Healthy Maine Partnerships Initiative

HMP is a collaborative effort among local coalitions, the Maine DHHS (Maine CDC and Office of Substance Abuse) and DOE, supported primarily by the Fund for Healthy Maine with federal grants from US CDC, SAMSHA, and DOE.



Paul R. LePage, Governor

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Mary C. Mayhew, Commissioner

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HIGHLIGHTS OF STATEWIDE HMP EFFORTS BY DHHS DISTRICT 2010 – 2011

These highlights represent validated data from the local HMP Validation Strategies Logs.¹ Many more chronic disease strategies were implemented across the HMPs, but were not subjected to the data validation process and are therefore not shown.

IN THE COMMUNITY

	AROOSTOOK	CENTRAL	CUMBERLAND	DOWNEAST	MIDCOAST	PENQUIS	WESTERN	YORK	STATEWIDE
What we know ... Adults reporting fair or poor health status in last 30 days.	23.5	15.6	10.4	16.3	14.4	16.4	15.5	12.6	14.7
Percent of adults reporting fair or poor health status in the last 30 days [Data source: 2010 ME BRFSS].									
What HMPs have done ... Collaborated with 819 organizations to identify, develop, and distribute resources that identify community supports for chronic disease self-management (CDSM).	54	45	47	279	103	4	103	23	698²
Number of organizations distributing CDSM resources [Data source: HMP Validation Strategies Logs, 2011].									
What HMPs have done ... Collaborated with 84 hospitals, primary care offices & organizations to establish links with health providers to implement the community component of the Care Model.	na	11	13	20	7	10	5	18	84
Number of hospitals, primary care practices and organizations collaborated with [Data source: HMP Validation Strategies Logs, 2011].									
What HMPs have done ... Worked with 145 partners to educate at risk groups about the importance of support systems as tools for CDSM.	90	373	4	na	88	184	na	na	739²
Number of adults at risk for chronic disease attending education sessions [Data source: HMP Validation Strategies Logs, 2011].									
What HMPs have done ... Collaborated with 237 organizations to create environments that support CDSM in the area of Community Support.	na	3	49	94	55	10	18	8	237
Number of organizations collaborated with to create supportive environments [Data source: HMP Validation Strategies Logs, 2011].									

¹ Substance abuse strategies were not included in the data validation process.

² Numbers on left hand side reflect the work of HMPs and numbers in the table reflect the results of this work so totals are not equal.

Note: Extreme values have been omitted from strategy counts. NA indicates that no HMPs in the district worked on this strategy in this fiscal year.