



**Cumberland District Public Health Council**  
**Full Council Meeting**  
**May 20, 2013**  
**10:00 a.m. — 12:00 p.m.**  
**Maine Medical Center, Women & Infant’s East Tower, Rooms 2 &3**  
**22 Bramhall Street, Portland**

**Present:** Jim Budway, Kristen Dow, Dennis Fitzgibbons, Mark Grover, Colleen Hilton, Valerie Landry, Jessica Loney, Becca Matusovich, Karen O’Rourke, Linda Putnam, Erica Schmitz, Pamela Smith, Toho Soma, Ashley Soule, Carol Zechman; Shane Gallagher; Peter Cricthon, Caity Hager, Alex Hughes, Tina Pettingill

**Absent:** Neal Allen, Leslie Brancato, Faye Daley, Deb Deatruck, Steve Fox, Megan Hannan, Liz Horton, Paul Hunt, Anne Lang, Zoe Miller, Paul Niehoff, Cathy Patnaude, Emily Rines, Lucie Rioux, Amanda Sears, Peter Stuckey, Julie Sullivan, Ted Trainer

Topic	Discussion	Actions
Council Business: Announcements	<p>Alex Hughes provided information on an upcoming Healthy Homes webinar (May 29, 2013 from 1:00 PM to 2:30 PM).</p> <p>Becca Matusovich provided information on the upcoming Lyme Disease Forum on June 11, 2013 from 12:00 PM to 2 PM). See Appendix A for the handout.</p>	<p>Individuals interested in more information on the Healthy Homes training can contact Alex Hughes (<a href="mailto:AFK@portlandmaine.gov">AFK@portlandmaine.gov</a>).</p> <p>Individuals interested in more information regarding the Lyme Disease Forum can contact Becca Matusovich (<a href="mailto:Becca.Matusovich@maine.gov">Becca.Matusovich@maine.gov</a>). If people would like a supply of tick identification bookmarks, please contact Toho Soma (<a href="mailto:tsoma@portlandmaine.gov">tsoma@portlandmaine.gov</a>) or Shane Gallagher (<a href="mailto:stg@portlandmaine.gov">stg@portlandmaine.gov</a>).</p>

Topic	Discussion	Actions
Slate of Officers	Toho Soma introduced and reviewed the slate of officers (See Appendix B) for approval by the Council.	Due to lack of quorum, the vote to approve the slate of officers will be held electronically. Shane Gallagher will send out the information.
Annual Report Highlights	Toho Soma, Shane Gallagher, and Becca Matusovich highlighted information from the 2012-2013 Annual Report. The information included information on District Public Health Improvement Plan activities over the past year, progress made on the Community Transformation Grant (CTG), and the Financial Report. The report in Appendix C.	No action required.
By-laws Amendments	Shane Gallagher reviewed the proposed By-laws Amendments and the changes made since the last Council meeting and subsequent Executive Committee meeting (See Appendix D). Council Members suggested one small additional clarification to the language.	Shane Gallagher will make the clarification to the language. Due to lack of quorum, the vote to approve the by-laws amendments will be held electronically. Shane Gallagher will send out the information.
Member Contributions	Toho Soma reminded members that the Council is supported largely by contributions and continued support for the work of the Council would be greatly	Member Organizations interested in supporting the Council can contact the Treasurer, Deb Deatrck ( <a href="mailto:DEATRD@mainehealth.org">DEATRD@mainehealth.org</a> ) or Council

Topic	Discussion	Actions
	appreciated.	Chair, Toho Soma ( <a href="mailto:TSOMA@portlandmaine.gov">TSOMA@portlandmaine.gov</a> ).
District and State Public Health Improvement Plan Priorities	<p>Toho Soma and Becca Matusovich presented the final list of District Public Health Improvement Plan Priorities for the Council to approve, including a one-page handout listing the eight priority areas, leadership and backbone support, current strategies, and what it means to be a priority (See Appendix E).</p> <p>Commissioner Mark Grover briefly addressed the Council regarding the Mental Health &amp; Substance Abuse priority. He reviewed a draft letter of invitation and an inventory of Mental Health &amp; Substance Abuse resources (See Appendices F &amp; G)</p> <p>After discussing the priorities, the Council discussed the best reporting format and reviewed a draft reporting template (See Appendix H).</p> <p>Becca Matusovich also briefly described the State Health Improvement Plan Priorities (see Appendix I).</p>	Due to lack of quorum, the vote to approve the District Public Health Improvement Plan Priorities will be held electronically. Shane Gallagher will send out the information.
Legislative Update	Tina Pettingill, the Executive Director of	Individuals interested in specific bills can

Topic	Discussion	Actions
	the Maine Public Health Association (MPHA), presented a legislative update on statewide bills of interest to the public health field (See Appendix J).	call their state elected officials. Those interested in joining one of MPHA's committees can contact MPHA through their website ( <a href="http://www.mainepublichealth.org">http://www.mainepublichealth.org</a> ) or Facebook page ( <a href="https://www.facebook.com/MainePHA">https://www.facebook.com/MainePHA</a> )

**Next Meeting:** Full Council—July 19, 2013 at location TBD. Executive Committee—June 24, 2013 at City Hall, Room 24, 389 Congress Street.



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner



# Cumberland District Lyme Disease Forum

Tuesday June 11, 2013

12:30 – 2pm

Portland Public Library



Deer Tick: *Ixodes scapularis*

**Free and open to the public ~ feel free to bring your lunch**

## Event Details

Panel of experts speaking about what we can do to reduce the impact of  
Lyme disease

Question & Answer Session

### *Topics will include*

- Current information about Lyme disease and the tick population in Cumberland County and in Maine
- Early Identification and timely diagnosis of Lyme disease
- Going beyond individual prevention methods – how outdoor recreation organizations, towns, childcare providers, summer camps, property owners, and employers (in other words, pretty much everybody!) can take action to reduce exposure to ticks and the risk of Lyme disease

**WHERE:** **Portland Public Library, Rines Auditorium**  
5 Monument Square, Portland, ME

**PARKING:** Thanks to Healthy Portland, parking is offered for this event at the Elm Street parking garage (21 Elm Street, Portland, ME) – bring your ticket in to the event for validation

**QUESTIONS:** [Disease.reporting@maine.gov](mailto:Disease.reporting@maine.gov)



Slate

**May 17, 2013**

**10:00 a.m. — 12:00 p.m.**

Maine Medical Center

Women's and Infant's Building East Tower A & B

22 Bramhall Street, Portland

**Officer Positions**

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- ❖ **Vice-Chair**- Colleen Hilton (term ends 2015)
  - ❖ **Treasurer**-Deb Deatrick (term ends 2015)
  - ❖ **Representative to the State Coordinating Council for Public Health**-Kristen Dow (term ends 2015)
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May 17

2013

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Annual  
Report

## **Introduction**

The Cumberland District Public Health Council (Council) continues to work toward its vision of making communities in Cumberland District among the healthiest in the state. Over the past year, the Council formed work groups to address issues such as influenza, coordinated communication, and health equity. The Council received a Community Transformation Grant to improve physical activity, nutrition, and active communities across the district. This annual report contains information on the Council's activities, the Council's fiscal health, committees and workgroups, and all members who were active over the past fiscal year.

## **History**

The Council convened in December 2006 immediately following the statewide Public Health Work Group's decision to create eight public health districts, each with a district coordinating council (DCC). The Council built the initial membership from participants in the Portland Public Health Division's Local Public Health System Assessment in January and February 2005, and the Cumberland County Strategic Planning Committee's Public Health and Human Services Subcommittee in July 2006. In November 2008, the Council restructured with the adoption of official bylaws. In March 2013, the Council voted to accept a series of bylaws amendments designed to make the Council's bylaws consistent with the recommendations of the State Coordinating Council for Public Health.

## **Council Officers**

At the May 2012 Annual Meeting, the Membership voted on three officer positions. The Membership elected Toho Soma as the Council Chair (replacing Colleen Hilton), Colleen Hilton as the Council Vice Chair (interim for one year), and Julie Sullivan as the Council Secretary. The current officers of the Council are:

Council Chair—Toho Soma (term ending May 2014)

Council Vice Chair—Colleen Hilton (term ending May 2013)

Council Secretary—Julie Sullivan (term ending May 2014)

Council Treasurer—Deb Deatrack (term ending May 2013)

Council Representative to the State Coordinating Council—Steve Fox (term ending May 2013)

Maine CDC District Liaison—Becca Matusovich

## **Committees and Workgroups**

The Council maintained six standing committees, as set forth in the Council bylaws. The standing committees include the Advocacy Committee, Communications Committee, Finance &

Fundraising Committee, Health Data Committee, Healthy Cumberland Committee, and Membership Committee. These committees had varying level of activity over the past year.

One ad-hoc committee operated over the past year (see Oversight Sub-committee under the Community Transformation Grant), serving as Council oversight for the Community Transformation Grant. In addition, the Executive Committee continued meeting every other month to discuss and administer Council business.

The Council also maintained several work groups that addressed District Public Health Improvement Plan priorities (see below).

### **Progress on the Cumberland 2011-13 District Public Health Improvement Plan Priorities**

With leadership provided by the Maine CDC Cumberland District Liaison, as well as many other Council members and district partners, the Council made progress this year on all of the priorities set forth in the 2011-2013 District Public Health Improvement Plan.

#### **➤ Flu & Pneumococcal Vaccination**

The Flu & Pneumococcal Workgroup met from March through September, implementing a 3-pronged work plan. The work plan focused on supporting and encouraging school flu clinics, coordinating adult public clinics to ensure access for vulnerable populations, and a marketing strategy to promote flu vaccination for everyone and 2-1-1 as an easy point of contact for all public flu clinics.

#### **➤ Access to Care**

Although the Cumberland District has a reputation for robust health care infrastructure, concerns about disparities in access to care for vulnerable populations drove the selection of “Access to Care” as one of Cumberland’s District Public Health Improvement Plan priorities. There are three aspects of “access to care” that were the focus of this year’s activities.

#### **1) Health on the Move**

The Council’s Health Equity Workgroup developed a concept named “Health on the Move,” a mobile health access project that brings health resources into community settings to break down barriers that limit access to preventive health services and screenings for vulnerable populations. The primary goal is to reduce health disparities by bringing health resources to the communities where the target population lives. Health on the Move events are planned by a team including Council members, local organizations that know and serve the target population, and members of the community themselves. The team uses tools that draw on emergency preparedness approaches, so that in the process of planning these events we are

building the capacity of the district public health system to quickly plan similar events that might be needed to address specific health needs in an emergency situation.

The Council decided to support four Health on the Move pilot events during 2012-13. The first two pilots were held in the fall of 2012, at Riverton Park in Portland and at the Crooked River Community Center in Casco. The third pilot event is May 19, 2013 in Brunswick in conjunction with MidCoast Hospital's Women's Wellness Day, and the fourth pilot is scheduled for July 27, 2013 in Portland in conjunction with the Parkside Neighborhood's Annual Block Party.

## **2) Access to Care in the Lakes Region**

A small workgroup began meeting in 2012 to follow up on the breakout session discussion about access to care in the Lakes Region that began at the Community Health Needs Assessment Forum hosted by MaineHealth in January 2012. A core group of key players met several times and identified some initial issues to explore, and then focused their attention on the December 2012 Health on the Move event in Casco, through which several excellent partnerships were formed and momentum established. In the spring of 2013, a core group reconvened under the leadership of the Healthy Lakes Director and designed an internship for a graduate student who will complete an assessment of access challenges in the region during the summer of 2013.

## **3) The Greater Portland Refugee and Immigrant Healthcare Collaborative**

One of district partners' greatest concerns focuses on the barriers to care experienced by refugees and immigrants, who are an increasing proportion of the Cumberland County population and a group with particularly complex health needs. 2012 was the second year of existence for the "Greater Portland Refugee & Immigrant Healthcare Collaborative," an informal network of partners in the Greater Portland area who serve refugees and immigrants and who all share a role in ensuring access to culturally appropriate health care services. The Collaborative is facilitated by Becca Matusovich, the Cumberland District Public Health Liaison, with over 60 partners participating in its quarterly meetings and/or workgroups in the past year.

In the last year great progress was made on several of the Collaborative's priorities. With *leadership provided by the University of New England, in partnership with Portland Community Health Center, the City of Portland, Maine CDC, and others*, the "CHANNELS" project was awarded a grant from the U.S. Health Resources and Services Administration (HRSA) to implement an innovative project that weaves together nurse leadership, inter-professional education and inter-professional practice, community health outreach workers, and community partnerships to increase access to care and improve health outcomes among Greater Portland's refugee and immigrant communities. This project was also integrated strategically with a

successful grant application to the DentaQuest Foundation to fund “SmilePartners,” a demonstration project grounded in MaineHealth’s CarePartners Program, designed to test methods for maintaining good oral health, building culturally appropriate oral health literacy education tools, and establishing access to effective preventive dental care services among Portland’s newly arriving refugees and immigrants.

In the fall of 2012, the Collaborative’s primary care workgroup revised a set of “Initial Health Assessment Recommendations” promoted by the Maine CDC to provide guidance for primary care providers who see newly arriving refugees and immigrants for their first health care in the U.S. This document is now available to practices across the state that may not be experienced in serving this population. The primary care workgroup has also been exploring the need for increased access to Civil Surgeons in the Portland area, and several members of the workgroup have been working together on ways to improve the referral and intake process to ensure that these mechanisms work for this population.

Finally, the Collaborative worked with a summer intern from Bowdoin College to build a wiki, which has become a valuable communication tool that allows partners in the Collaborative to share the communal knowledge and resources. This helps meet the goal of the Collaborative to maximize the capacity of all of the partners to meet the health needs of the refugee and immigrant community more effectively and efficiently.

A team from the Collaborative presented a workshop at the Maine Public Health Association conference in October 2012, and as a result was offered the pro bono services of a team of experienced evaluators who are now assisting with the development of an evaluation of the Collaborative’s use of the “Collective Impact” model to work together and achieve progress on common goals.

#### ➤ **Public Health Preparedness**

The Council’s Public Health Preparedness priority was addressed through several initiatives, including those of other workgroups such as the Flu Workgroup and the Health Equity Workgroup as described above. The most substantive work on the public health preparedness priority area was the development of a Cumberland County Medical Reserve Corps, with leadership provided by Cumberland County Emergency Management Agency, along with Maine CDC, the City of Portland’s Cities Readiness Initiative, the Southern Maine Regional Resource Center, and several other Council members and district partners. After a year of intensive planning and design work, the Medical Reserve Corps is ready to be launched in the summer and fall of 2013.

➤ **Tobacco**

An active Tobacco Workgroup was established in March of 2012 and continues to meet bi-monthly. The group operates from a strong core of 7 individuals with approximately another dozen who remain engaged. It has become an important mechanism for sharing information about tobacco control efforts and coordinating resources and communication. An identified core value is to seek to improve access to tobacco treatment resources for vulnerable populations. This group designed outreach approaches related to tobacco prevention, intervention, and treatment for inclusion in Health on the Move events. This workgroup continues to meet regularly and anyone interested in contributing to reducing the impact of tobacco in Cumberland County is encouraged to get involved.

➤ **Blood Pressure**

A Blood Pressure workgroup formed at the Community Health Needs Assessment forum in January 2012 and continued meeting through the rest of the year. The group identified several focus areas: expanding and improving blood pressure screening to ensure that populations who face barriers to ongoing care are able to access blood pressure checks regularly; and working with small employers to support wellness activities that can help employees monitor and reduce their blood pressure. This workgroup assisted with the design of blood pressure screening stations for the Health on the Move model.

**Selection of the 2013-14 Cumberland District Public Health Improvement Plan Priorities**

Between November 2012 and May 2013, the Council worked on selecting new District Public Health Improvement Plan priorities for the next two year period. The process included the following steps led by the Executive Committee and the District Liaison over the course of three CDPHC meetings:

- Review of the district health profile, with district-level data produced by the Maine CDC as part of the State Health Assessment
- Nomination of potential priorities, consensus on criteria for the prioritization process
- A survey to gather the additional information needed to score the potential priorities on the agreed upon criteria
- A formal weighting and scoring process to rank the potential priorities
- Decision about how many of the top-ranked priorities to select

At the end of this process, 8 priorities were selected for 2013-14. See Appendix A.

## **Community Transformation Grant**

The Community Transformation Grants are Federal grants authorized under the Affordable Care Act of 2010. The Maine Center for Disease Control and Prevention received a \$1.3 million dollar Community Transformation Grant in September 2011. The majority of the Community Transformation Grant funds were distributed to the eight public health districts and the tribal district.

The grant requires a committee to oversee the work of the grant in each district. The Oversight Sub-committee (OSC) met in May, June, August, September, October, and November 2012. The OSC changed to a quarterly meeting schedule after the November 2012 meeting. The Oversight Sub-committee consists of the all of the Executive Committee of the Council plus additional individuals interested in the work. Over the past year, the OSC developed a communication and operational protocol, approved the Year 2 work plans, approved the revisions made to the Year 2 work plans (based on feedback from the Maine CDC), and approved the Year 2 CTG budget.

Shane Gallagher continues to serve as the Community Transformation Grant Coordinator. The Coordinator is primarily responsible for communication among the district, local level work and the state level work, the maintenance of the wiki page, grant management, and maintenance of the performance monitoring data.

Two work groups continue to serve as advisory bodies for the grant objectives. The first work group focused on the physical activity and nutrition objectives, and the second work group focused on the active community environment objectives.

As of May 8, 2013, the Early Childhood Education (ECE) implementation staff have recruited and enrolled 29 childcare sites, which is 83% of the work plan goal of 35 sites for Year 2, and 41% of the Community Transformation Implementation Plan (CTIP) Annual objective of 70 sites. Twenty four of the enrolled sites (83%) have completed the Let's Go! baseline assessment and twenty three sites ( 79%) completed their action plan.

School nutrition implementation staff have recruited and enrolled 10 schools, which is 125% of the work plan goal of 8 sites in Year 2, and 71% of the CTIP Annual Objective of 14 sites.

Physical Activity implementation staff have recruited and enrolled 7 schools, which is 88% of the work plan goal of 8 sites in Year 2, and 50% of the CTIP annual Objective of 14 sites.

Active Community Environment (ACE) implementation staff worked closely with several communities. Currently there are three communities (Freeport, Scarborough, and South Portland) working to become ACE teams and several additional towns that are expressing interest in beginning work.

## County Health Rankings

The collaborative efforts of the member organizations of the Council continue to pay off. The results of these efforts are reflected in the County Health Rankings & Roadmaps. Cumberland County continues to rank very well amongst Maine’s 16 counties—second for health outcomes (how healthy a county is) and first for health factors (what influences the health of a county). The 2013 County Health Rankings & Roadmaps can be found in Appendix B.

## Financial Report

The Council received funding from several organizations, as well as the Community Transformation Grant. The main expense of the Council remained salary for staff support. A detailed report can be found in Appendix C.

## Meeting Locations

Over the past year, the Council held meetings in various locations. Meeting locations included MaineHealth, Planned Parenthood of Northern New England, Portland Public Library, Portland Water District, and the South Portland Community Center.

## Membership

The Council’s membership represented a variety of organizations and diverse regions of the Cumberland Public Health District. Members from the past year are listed below.

Neal Allen— Greater Portland Council of Governments

Kristen Dow—City of Portland Public Health Division, Healthy Portland HMP

Anita Anderson—Chebeague Island Local Health Officer

Dennis Fitzgibbons—AlphaOne

Denise Bisailon—University of New England Public Health Graduate Program

Stephen Fox—South Portland Fire Department/Local Health Officer

Leslie Brancato—Portland Community Health Center

Mark Grover—Cumberland County Commissioner, District 3

Jim Budway—Cumberland County Emergency Management Agency

Sandra Hale—Westbrook School System

Megan Hannan—Planned Parenthood of Northern New England

Faye Daley—Bridgton/Harrison Local Health Officer

Colleen Hilton—Mercy Health System of Maine/VNA Home Health and Hospice

Deb Deatruck—MaineHealth/Maine Medical Center

Liz Horton—Westbrook Local Health Officer

Paul Hunt—Portland Water District

Valerie Landry—Mercy Health System of Maine

Anne Lang—City of Portland Public Health Division, Healthy Casco Bay

Jessica Loney—Midcoast Hospital

Becca Matusovich—Maine CDC Cumberland District DHHS Office

Zoe Miller—Opportunity Alliance, Healthy Lakes

Bernice Mills—University of New England Dental Hygiene Program

Paul Niehoff—Portland Area Comprehensive Transportation System

Dianne North—Cumberland County Jail

Karen O'Rourke—University of New England Center for Community and Public Health

Cathy Patnaude—VNA Home Health & Hospice

Helen Peake-Godin—University of Southern Maine School of Nursing

Linda Putnam—Portland Public Library

Emily Rines—United Way of Greater Portland

Lucie Rioux—Opportunity Alliance, Healthy Rivers

Erica Schmitz—Medical Care Development

Amanda Sears—Environmental Health Strategy Center

Pamela Smith—Bridgton Hospital

Toho Soma—City of Portland Public Health Division

Ashley Soule—Maine Medical Center Neuroscience Institute

Peter Stuckey—Maine State Legislature, District 114 (part of Portland)

Julie Sullivan—City of Portland Public Health Division

Ted Trainer—Southern Maine Area Agency on Aging

Helen Twombly—Sebago Local Health Officer

Eileen Wyatt—Cumberland/Yarmouth/North Yarmouth Local Health Officer

Carol Zechman—CarePartners, MaineHealth

## **Next Steps**

Looking forward there is much work for the Council in the coming year. Some examples of the Council's current work include:

- Continuing work on DPHIP priorities, such as developing new workgroups and strengthening existing groups.
- Continue significant focus on the Community Transformation Grant.
- Continue to strengthen the Membership Subcommittee in order to ensure an active membership that represents the full breadth of public health partners in the district.

**Cumberland District Coordinating Council  
2013-14 District Public Health Improvement Plan Priorities**



<b>Priority Area</b>	<b>To get involved contact:</b>	<b>Current Strategies and Focus Areas</b>
Flu Vaccination	Becca Matusovich Cathy Patnaude	1. School clinics 2. Adult public flu clinics 3. Coordinated communications, joint campaign to promote 2-1-1 and flu clinics
Health Equity	Toho Soma Shane Gallagher Becca Matusovich	1. Health on the Move 2. Greater Portland Refugee & Immigrant Healthcare Collaborative 3. Lakes Region Access to Care 4. Disparities data
Healthy Homes	Alex Hughes	1. Initiative to educate families of children aged 0 to 5 2. Create district Healthy Homes Resource Inventory
Obesity/ Nutrition/ Physical Activity	Kristen Dow Karen O'Rourke Shane Gallagher	1. Create an overall plan covering the long-term vision for work relating to physical activity, nutrition, and active community environments.
Public Health Preparedness	Becca Matusovich Caity Hager Ron Jones	1. Medical Reserve Corps 2. Cities Readiness Initiative 3. Communications plan to ensure language access for public health emergency communications 4. Public health Hazard Vulnerability Analysis
STDs/ Reproductive Health	Alex Hughes Bridget Nevers Rauscher	1. Joint campaign to promote STD testing 2. Provider education related to testing recommendations and increasing access to treatment 3. Targeted effort in Rivers Region
Substance Abuse/ Mental Health	Elizabeth Trice Mark Grover	1. Re-establish workgroup 2. Agree upon strategies and focus areas
Tobacco	Claire Schroeder Fred Wolff	1. Share resources and information 2. Engage broader network of partners, coordinating publicity and public messaging 3. Focus on hard-to-reach populations

**What Does Being a DPHIP Priority Mean?**

**Council Commitment:**

- ✓ Contribute core leadership and backbone support
- ✓ Engage in priority work
- ✓ Monitor progress

**Workgroup Commitment:**

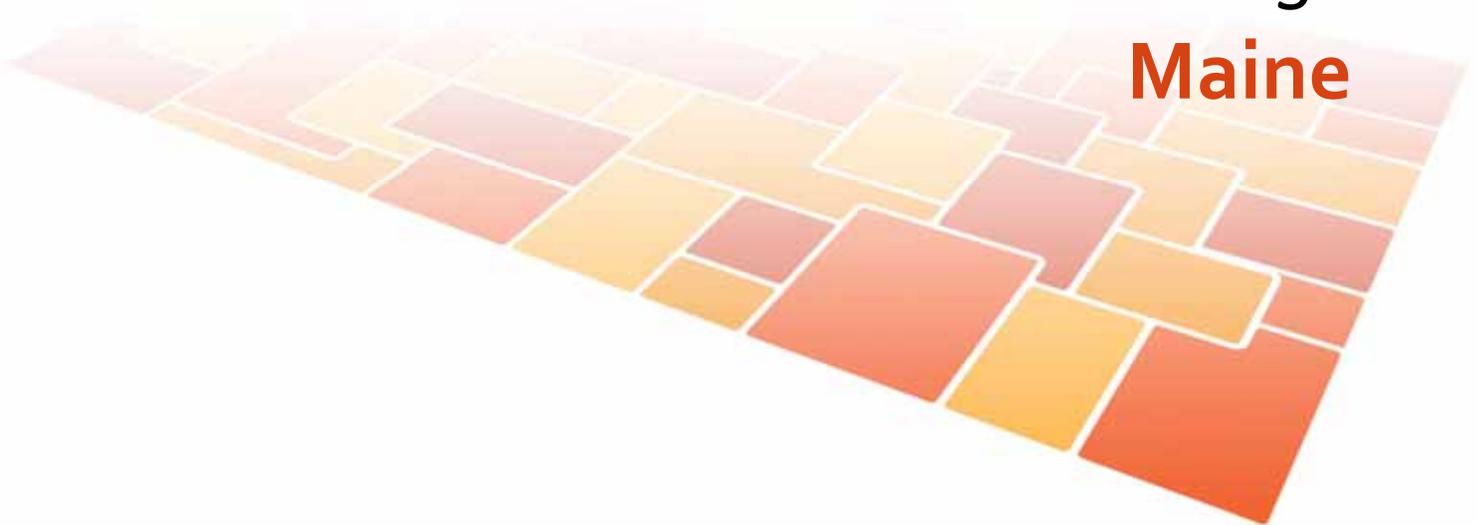
- ✓ Plan
- ✓ Implement
- ✓ Report



# County Health Rankings & Roadmaps

A Healthier Nation, County by County

## 2013 *Rankings* **Maine**



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

**Population Health Institute**

*Translating Research for Policy and Practice*



## Introduction

Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods. The *County Health Rankings & Roadmaps* program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is making communities sick or healthy. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The *County Health Rankings & Roadmaps* program includes the *County Health Rankings* project, launched in 2010, and the newer *Roadmaps* project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings & Roadmaps* serve as both a call to action and a needed tool in this effort.

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## Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org) to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the *Rankings* Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the *Roadmaps to Health* Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

## County Health Roadmaps

The *Rankings* illustrate **what we know** when it comes to making people sick or healthy. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The *County Health Roadmaps* mobilizes local communities, national partners and leaders across all sectors to improve health. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

### Roadmaps to Health Community Grants

The *Roadmaps to Health* Community Grants provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

### Roadmaps to Health Partner Grants

RWJF is awarding *Roadmaps to Health* Partner Grants to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the *County Health Rankings & Roadmaps* to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

### RWJF Roadmaps to Health Prize

In February 2013, RWJF awarded the first *RWJF Roadmaps to Health* Prizes of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health* Prize is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



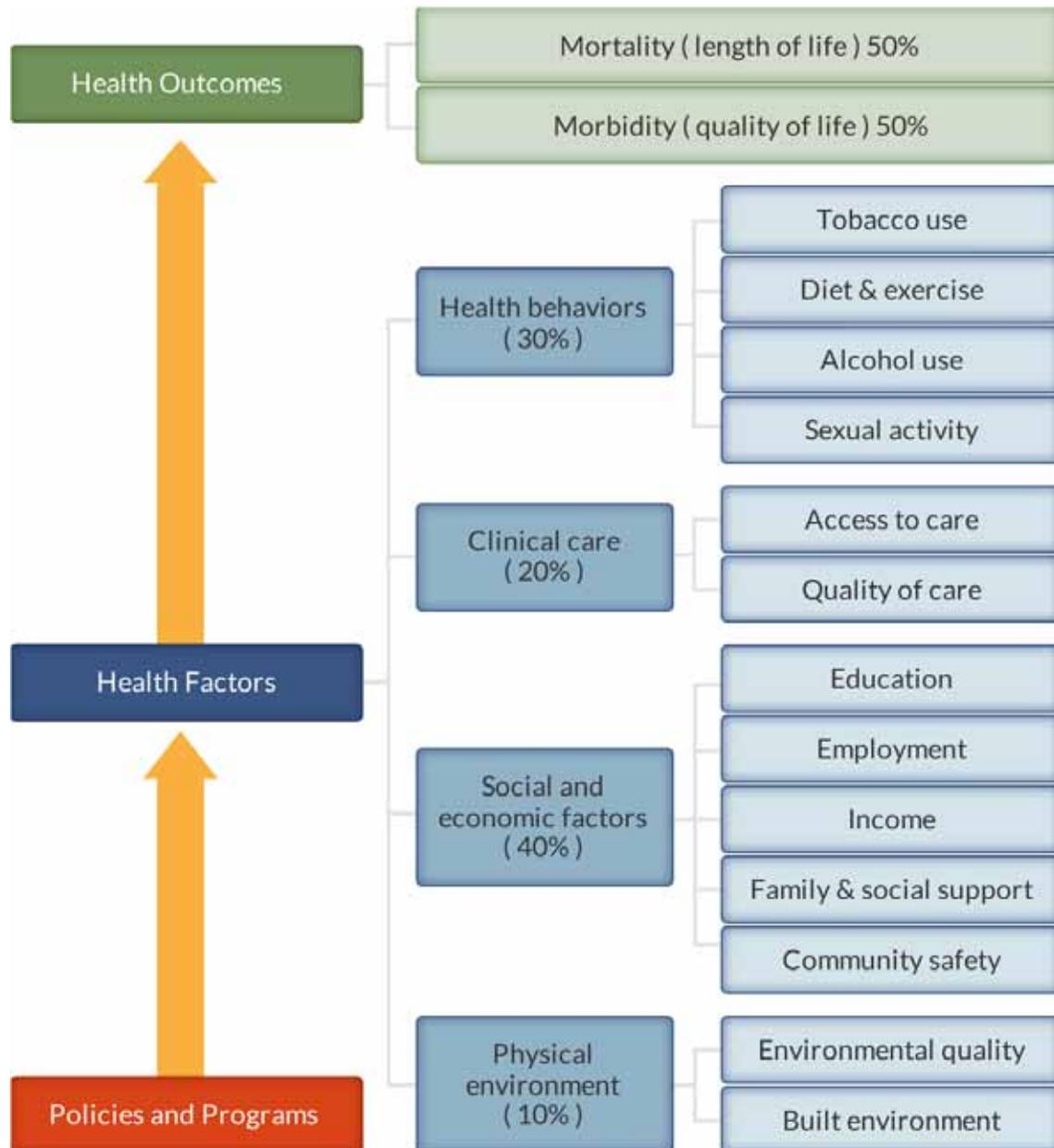
### Roadmaps to Health Action Center

The *Roadmaps to Health* Action Center, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: *What Works for Health*. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

## County Health Rankings

The 2013 *County Health Rankings* report ranks Maine counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

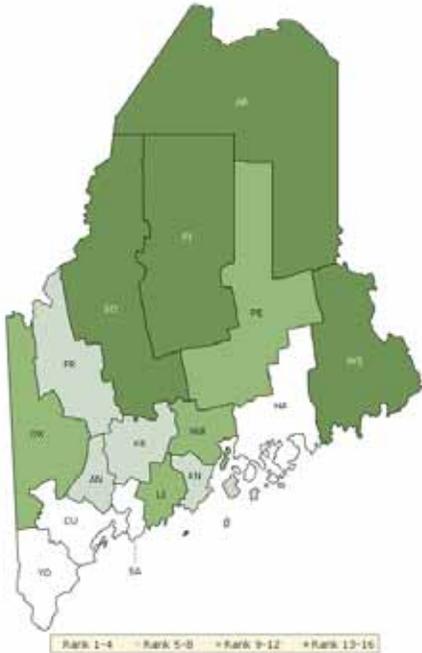


County Health Rankings model ©2012 UWPHI

The maps on this page and the next display Maine’s counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better

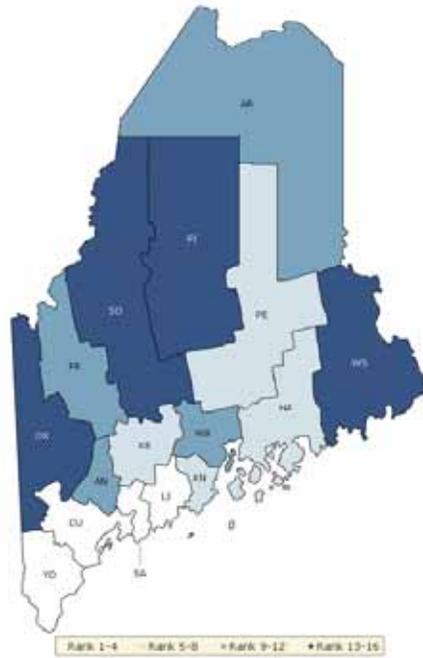
performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

**HEALTH OUTCOMES**



County	Rank	County	Rank	County	Rank	County	Rank
Androscoggin	6	Hancock	1	Oxford	12	Somerset	15
Aroostook	13	Kennebec	7	Penobscot	9	Waldo	10
Cumberland	2	Knox	5	Piscataquis	16	Washington	14
Franklin	8	Lincoln	11	Sagadahoc	3	York	4

## HEALTH FACTORS



County	Rank	County	Rank	County	Rank	County	Rank
Androscoggin	11	Hancock	6	Oxford	13	Somerset	15
Aroostook	12	Kennebec	7	Penobscot	8	Waldo	9
Cumberland	1	Knox	5	Piscataquis	14	Washington	16
Franklin	10	Lincoln	4	Sagadahoc	2	York	3

# Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Each of these ranks represents a weighted summary of a number of measures.

Rank	Health Outcomes	Rank	Health Factors
1	Hancock	1	Cumberland
2	Cumberland	2	Sagadahoc
3	Sagadahoc	3	York
4	York	4	Lincoln
5	Knox	5	Knox
6	Androscoggin	6	Hancock
7	Kennebec	7	Kennebec
8	Franklin	8	Penobscot
9	Penobscot	9	Waldo
10	Waldo	10	Franklin
11	Lincoln	11	Androscoggin
12	Oxford	12	Aroostook
13	Aroostook	13	Oxford
14	Washington	14	Piscataquis
15	Somerset	15	Somerset
16	Piscataquis	16	Washington

## 2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Mortality</b>	Premature death	National Center for Health Statistics	2008-2010
<b>Morbidity</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
<b>Diet and Exercise</b>	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
<b>Alcohol Use</b>	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
<b>Quality of Care</b>	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2011
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2011
<b>Family and Social Support</b>	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2007-2011
<b>Community Safety</b>	Violent crime rate	Federal Bureau of Investigation	2008-2010
<b>PHYSICAL ENVIRONMENT</b>			
<b>Environmental Quality</b>	Daily fine particulate matter <sup>1</sup>	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
<b>Built Environment</b>	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

<sup>1</sup> Not available for AK and HI.

CREDITS

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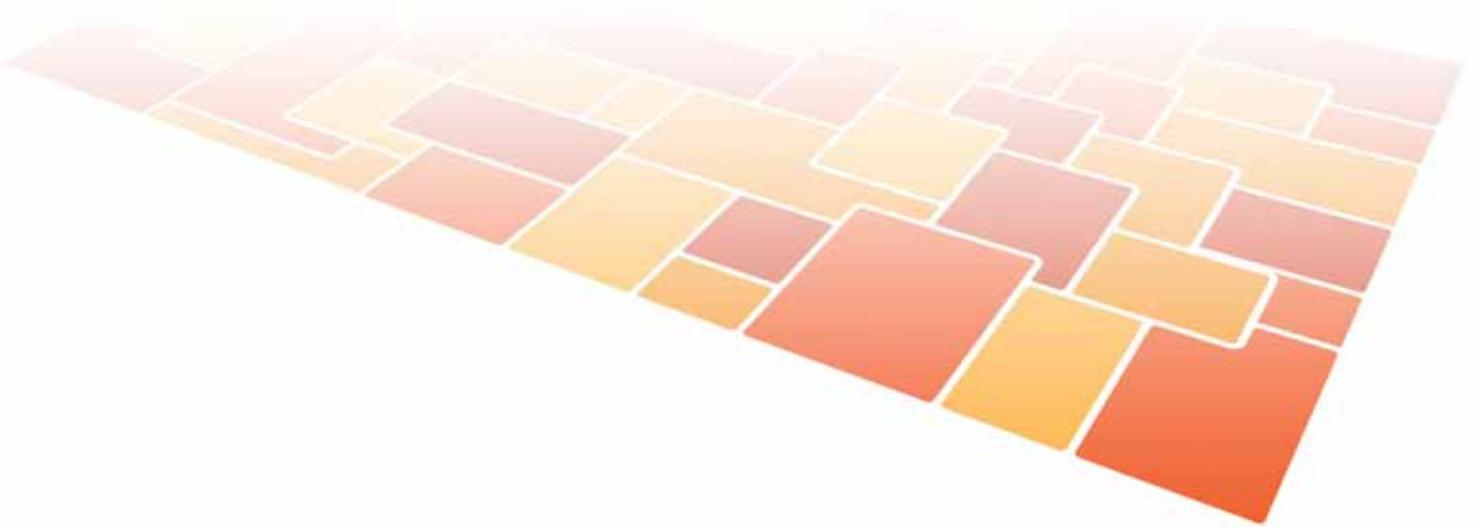
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[countyhealthrankings.org](http://countyhealthrankings.org)



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**FY13 Cumberland District Public Health Council Finances  
(as of 5/16/13)**

<b>Code</b>	<b>Line Item</b>	<b>Budget</b>	<b>Spent</b>	<b>Balance</b>
01 10	Salaries	\$32,305	\$21,078	\$11,227
02 10	Fringe	\$9,249	\$6,035	\$3,214
20 00	Administrative Services	\$500	\$0	\$500
20 20	Travel/training/meetings	\$1,000	\$117	\$883
20 30	Indirect Costs	\$5,940	\$4,950	\$990
35 00	Contractual	\$1,000	\$200	\$800
35 30	Mileage	\$546	-\$54	\$600
35 60	Printing and binding	\$100	\$6	\$94
55 20	Supplies all other	\$14,705	\$3,040	\$11,665
	<b>Total</b>	<b>\$65,345</b>	<b>\$35,372</b>	<b>\$29,973</b>

**FY13 Contributions to Date**

FY12 Carryover	\$15,038
Cumberland County	\$33,307
Healthy Maine Partnerships	\$8,000
Mercy	\$5,000
CarePartners/MaineHealth	\$4,000
<b>Total</b>	<b>\$65,345</b>

Proposed By-Laws Amendments  
04/24/2013

Article III. Executive Committee. Section 2. Executive Committee Members

**Original Language:**

“The Executive Committee is composed of the officers elected to this body from the full Council, chairs of all standing committees, and the Maine Center for Disease Control and Prevention District Liaison.

**Proposed Changes:**

“The Executive Committee is composed of the officers elected to this body from the full Council, chairs of all standing committees, and the Maine Center for Disease Control and Prevention District Liaison.

The chair of the Healthy Cumberland County standing committee may designate another member of the committee to serve on the Executive Committee. The designee must be a member of the Council and in good standing.

Article III. Executive Committee. Section 6. Executive Committee Terms

**Original Language:**

“Council Officer terms shall be two (2) years and may be renewed by Council vote; however, no Council Officer shall serve more than three (3) consecutive terms, with the exception of the Maine Center for Disease Control and Prevention District Public Health Liaison.

During the first year, Council terms will be staggered by one and two years. The Council Chair and Secretary shall be the odd terms (1 year). The Vice Chair, Treasurer, and Representative to the State Coordinating Council shall be the even terms (2 years). If in the event an officer is no longer associated with the member organization they represent, the officer shall be removed from the office and the Council and a new officer shall be elected by the Council.”

**Proposed Changes:**

“Council Officer terms shall be two (2) years and may be renewed by Council vote; however, no Council Officer shall serve more than three (3) consecutive terms, with the exception of the Maine Center for Disease Control and Prevention District Public Health Liaison.

During the first year, Council terms will be staggered by one and two years. The Council Chair and Secretary shall be the odd terms (1 year). The Vice Chair, Treasurer, and Representative to the State Coordinating Council shall be the even terms (2 years). If in the event an officer is no longer associated with the member organization they represent, the officer shall be removed from the office and the Council and a new officer shall be elected by the Council.”

Article V. Committees. Section 4. Committee Chairs

**Original Language:**

“The Committee Chair shall be responsible for scheduling meetings, assigning specific tasks within the mandate of the committee, and reporting to the Executive Committee and the Council concerning the work of the committee. In addition, standing committee chairs shall be members of the Council.”

**Proposed Changes:**

“The Committee Chair shall be responsible for scheduling meetings, assigning specific tasks within the mandate of the committee, and reporting to the Executive Committee and the Council concerning the work of the committee. Standing Committee Chairs shall be members of the Council. In addition, standing committee chairs shall be members of the Council. The Committee Chair of the Healthy Cumberland Committee may designate another member of the committee to serve on the Executive Committee. The designee must be a member of the Council and in good standing.”

**Cumberland District Coordinating Council  
2013-14 District Public Health Improvement Plan Priorities**



<b>Priority Area</b>	<b>To get involved contact:</b>	<b>Current Strategies and Focus Areas</b>
Flu Vaccination	Becca Matusovich Cathy Patnaude	1. School clinics 2. Adult public flu clinics 3. Coordinated communications, joint campaign to promote 2-1-1 and flu clinics
Health Equity	Toho Soma Shane Gallagher Becca Matusovich	1. Health on the Move 2. Greater Portland Refugee & Immigrant Healthcare Collaborative 3. Lakes Region Access to Care 4. Disparities data
Healthy Homes	Alex Hughes	1. Initiative to educate families of children aged 0 to 5 2. Create district Healthy Homes Resource Inventory
Obesity/ Nutrition/ Physical Activity	Kristen Dow Karen O'Rourke Shane Gallagher	1. Create an overall plan covering the long-term vision for work relating to physical activity, nutrition, and active community environments.
Public Health Preparedness	Becca Matusovich Caity Hager Ron Jones	1. Medical Reserve Corps 2. Cities Readiness Initiative 3. Communications plan to ensure language access for public health emergency communications 4. Public health Hazard Vulnerability Analysis
STDs/ Reproductive Health	Alex Hughes Bridget Nevers Rauscher	1. Joint campaign to promote STD testing 2. Provider education related to testing recommendations and increasing access to treatment 3. Targeted effort in Rivers Region
Substance Abuse/ Mental Health	Elizabeth Trice Mark Grover	1. Re-establish workgroup 2. Agree upon strategies and focus areas
Tobacco	Claire Schroeder Fred Wolff	1. Share resources and information 2. Engage broader network of partners, coordinating publicity and public messaging 3. Focus on hard-to-reach populations

**What Does Being a DPHIP Priority Mean?**

**Council Commitment:**

- ✓ Contribute core leadership and backbone support
- ✓ Engage in priority work
- ✓ Monitor progress

**Workgroup Commitment:**

- ✓ Plan
- ✓ Implement
- ✓ Report

# Cumberland District Public Health Council



**Public Health**  
Prevent. Promote. Protect.

District Public Health Improvement Priority  
[Name] Work Group  
[MM/DD/YYYY]

*Instructions: Please provide bullet points summarizing activities or outcomes over the past XX months for each of the categories below. Please send completed record to Shane Gallagher ([stg@portlandmaine.gov](mailto:stg@portlandmaine.gov)).*

**Overall Progress:**

- [text here]

**Facilitating Factors of Success:**

- [text here]

**Barriers/Issues Encountered:**

- [text here]

**Plans to Overcome Barriers/Issues Encountered:**

- [text here]

**Unanticipated Outcomes:**

- [text here]



**Mark D. Grover, Ph.D.**

*Cumberland County Commissioner, Third District  
142 Federal Street #102, Portland, ME 04101-6433*

*[grover@cumberlandcounty.org](mailto:grover@cumberlandcounty.org)*

[DATE]

Dear Friend:

**I want to share my vision with you.**

I don't expect human nature to change such that people no longer make mistakes, no longer have moments of anger, no longer have worries. Instead, I simply dream of a time where everyone knows where to turn for help when they feel those moments of regret, of despair, and of anxiety.

And then I think about how to get there.

The Cumberland District Public Health Council is sponsoring a workgroup to make a difference, and I am asking you to be a part of it. I am not asking for you to volunteer your time to be part of an endless series of discussions mapping out a grand, but impossible, future. I am asking you to contribute your expertise and sense of cooperation to take a series of small steps that actually have a modest impact on mental illness, substance abuse and violence in Cumberland County.

My name is Mark D. Grover. I am county commissioner for the Third District, and am the representative from the Commissioners to the public health council. In my day job, I am an engineer, which means that I spend each and every day solving specific problems, and I am uncomfortable spending time on activities that do not produce results. My nature is to work continuously to change things for the better, and not to waste time on well-intentioned but unlikely plans. I volunteered for twelve years on Gray Fire-Rescue as an EMT-Intermediate -- so I faced (and tried to fix) short-term medical emergencies of all kinds.

As a Commissioner, my practical interest is on where public health efforts can reduce the incidence of citizens entering the county's criminal justice system. But my particular interest is on early prevention.

Since I am not a public health professional, I should not be the one to direct the efforts of the workgroup. That requires professional expertise that one of you can provide. But I can be a catalyst, and a cheerleader. I can also work to continue the county's financial support of the Council.

Of course, I have a proposal to share. Perhaps the group will think that this is reasonable as a basis for their work. Here is my plan:

1. Convene, work for six months and re-evaluate. Spend as little time as possible in meetings. Communicate via email to encourage participation at each individual's convenience. Make small decisions and take small actions, in preference to forming complex plans. Limit ourselves to courses of action that we can take almost immediately.

2. Focus on ensuring that the people of Cumberland County know how to reach out to the mental health resources that are already available. Measure success by whether there is an increase in the number of phone calls to 774-HELP, to 211, and to other agencies that provide support for those facing such issues, including friends and family members of people having possible problems with anxiety, thoughts of suicide, domestic violence, bullying, and addictions. Focus on engaging people in self-empowerment at an early stage of problem recognition.
3. Develop common materials to achieve the end result of greater access: brochures, public service announcements, resource lists, training materials, and booth materials. Create a positive theme, such as “Do You Just Want to Talk?”
4. Attend special events, clinics, booths at popular local events, and do interviews with the media. Bring the resources of each of our own organizations to bear, in a coordinated fashion. Recruit and encourage local participation, such as fire departments, churches, second-hand shops, day care centers, and food banks.
5. Evaluate and change direction if the results are unsatisfactory. If the effort is successful, use it as the basis for requesting additional resources and create a new plan.

*Although these are my proposals, the workgroup is empowered to create its own plan and should be as self-organizing as possible.*

Why would you be interested in such a workgroup? Not to form yet another permanent or strategic coordinating or controlling body. Instead, I have found that small groups who find simple goals in common, and who choose to participate in shared tasks, can create useful accomplishments quickly. This is not a planning group, but an action-oriented group. When considering who should attend this meeting, everyone is welcome, but operational contributors may be more comfortable than policy makers.

What you can expect at the meeting:

- A room full of concerned professionals believing that we can accomplish good things.
- A draft of known local resources. You will be asked to correct or enhance it based on your own organization’s available skills, personnel, and other resources.
- A group choosing its goals for the next six months, perhaps based on my proposal.
- A request for you to decide how much you or your colleagues wish to opt in to our work.

I am hopeful that you will join me for the initial planning session from [TIME] to [TIME] on [DATE] at [LOCATION]. Please let me know if you and/or someone appropriate from your organization can participate in this effort.

Respectfully, and gratefully,

Mark D. Grover

mental health workgroup

Organization	Name	Position / Contact	Email	Services / Programs / Coverage Area	Phone	Website
21 Reasons	Joanna Morrissey	Program Manager	jmorrissey@mcd.org	Works to develop a drug free environment, aim to prevent underage drinking.	207-773-7737	<a href="http://www.21reasons.org/">http://www.21reasons.org/</a>
211-Maine	Karen Turgeon	Program Director	kturgeon@211maine.org	statewide directory of health services available in Maine	207-221-8623	<a href="http://www.211maine.org/">http://www.211maine.org/</a>
Access Health (midcoast HMP)	Melissa Fochesato	Partnership Director	mfochesato@midcoasthealth	Help with tobacco prevention, reduction of second hand smoke, and nutrition to contribute to health and well being of the communities in Maine	(207) 373-6957	<a href="http://www.accesshealthme.org/">http://www.accesshealthme.org/</a>
Al-Anon		Self-help, but nobody is really in charge	grouprecords@maineafg.org	Teenage and Family sessions for people that are the children of or related to those that are addicted to alcohol.	(207)284-1844	<a href="https://sites.google.com/a/maineafg.org/ais/">https://sites.google.com/a/maineafg.org/ais/</a>
Alcoholics Anonymous	Roy R.	Standing Committee Chair, Treatment	treatment@area28aa.org	Portland. Meetings that work to support people in the 12 step AA program in Maine.	207-774-4335	<a href="http://www.alcoholicsanonymous.com/aa-maine-me.html">http://www.alcoholicsanonymous.com/aa-maine-me.html</a>
Amistad - Peer Support and Recovery Center	Peter Driskoll	Executive Director	amistad1@maine.rr.com			
Amistad - Peer Support and Recovery Center	Hannah Sturtevant	Program Coordinator	hannastr@maine.rr.com	A member directed organization which fosters a community for consumers of mental health services. A drop-in center provides a broad range of activities in a safe and supportive environment	207.773.1956	<a href="http://www.amistadinc.org">www.amistadinc.org</a>
Anti-Bullying Program (Portland Schools)	Barrett Wilkinson	Works for Julie Sullivan of Portland Dept. of Public Health	bw@portlandmaine.gov	Helping to stop violence and bullying before it has a chance to happen.	207-874-8735	<a href="http://www.cascobaycan.org/">http://www.cascobaycan.org/</a>
Casco Bay CAN	Beth Blakeman-Pohl	Program Manager	beth@cascobaycan.org	Reinforce positive messages, resources for parents and children about drug safety and prevention.	(207) 865-3985 ext 208	<a href="http://www.cascobaycan.org/">http://www.cascobaycan.org/</a>
Catholic Charities Maine - Counseling Services	Carolee Lindsey	Director of Substance Abuse	clindsey@ccmaine.org	Provides outpatient counseling (individual, group and family) to adults experiencing problems due to the misuse of alcohol/drugs. In addition to assisting clients become abstinent, the program seeks to increase clients' employability, eliminate clients' criminal activity, and assist clients in becoming more stable and productive members of society. United Way funds assist in providing services to low-income clients.	207.775.5671	<a href="http://www.ccmaine.org/substance-abuse-support/counseling-services">http://www.ccmaine.org/substance-abuse-support/counseling-services</a>
Catholic Charities, Maine - Support & Recovery Services	Carolee Lindsey	Director of Services	clindsey@ccmaine.org	Provides case management services to people with serious and prolonged mental illnesses. Assesses the functional needs of clients, assures that the services identified in the treatment plan are delivered, and provides crisis intervention as appropriate.	207.773.1956	<a href="http://www.ccmaine.org/">http://www.ccmaine.org/</a>

mental health workgroup

Organization	Name	Position / Contact	Email	Services / Programs / Coverage Area	Phone	Website
City of Portland	Mike Russell	Public Health Officer	mar@portlandmaine.gov			
Community Counseling - Outpatient Clinical Services	Mary Jane Krebs	CEO	krebsm@memhp.org	A safe haven to individuals through counseling for tough issues such as divorce, substance abuse, discrimination or caring for an older parent. Involves individuals, couples, and families in a process of understanding themselves and each other on issues including interpersonal relationships, stress, anxiety, depression, substance abuse, child abuse, spousal abuse, and teen pregnancy.	207.874.1030	<a href="https://commcc.org/">https://commcc.org/</a>
Counseling Services	Jeannine Lepitre	Chief Executive Officer	Jeannine.Lepitre@csimaine.com	Provides York County's only 24/7 Mental Health Crisis response services and support services for Southern Maine.	207-294-7139	<a href="http://www.counselingservices.org/">http://www.counselingservices.org/</a>
Counseling Services	Sylvie Demers	Regional Director for Maine Mental Health Partners/CSI	Sylvie.Demers@csimaine.com			
Crossroads	Kristy Greco	President, Treasurer	kgreco@hydro-int.com	Has Maine's most comprehensive treatment for behavioral health, offers out patient and residential treatment for substance abuse and mental health.	207.773.9931	<a href="http://www.crossroadsme.org/">http://www.crossroadsme.org/</a>
Crossroads	Polly Frawley	Chief Operating Officer	phfrawley@crossroadsme.org			
Cumberland County	Peter Crichton	County Manager	crichton@cumberlandcounty.org	Manages the county administration.	207-871-8380	<a href="http://www.cumberlandcounty.org/index.htm">http://www.cumberlandcounty.org/index.htm</a>
Cumberland County	Elizabeth Trice	Grants & Special Projects Coordinator	trice@cumberlandcounty.org	In charge of grants and special projects of Cumberland County.	871-8380	<a href="http://www.cumberlandcounty.org/Executive/">http://www.cumberlandcounty.org/Executive/</a>
Cumberland County Board of Commissioners	Mark D. Grover	Commissioner	grover@cumberlandcounty.org	Approval of the county budget, allows assessment for efficiency and effectiveness.	(207) 871-8380 -- messages	<a href="http://www.cumberlandcounty.org/Executive/commissioners.htm">http://www.cumberlandcounty.org/Executive/commissioners.htm</a>
Cumberland County Community Corrections	Steve Dahle	Work Release Officer	dahle@cumberlandcounty.org	Interested in substance abuse & grants	207-318-1009	<a href="http://www.cumberlandso.org/contact.htm#.UYITfyvL0g">http://www.cumberlandso.org/contact.htm#.UYITfyvL0g</a>
Cumberland County Jail (Medical)	Georgia Wayne	Health Service Administrator	wayne@cumberlandcounty.org	Provides a safe environment to detain those accused or guilty of crimes.	207-774-5939	<a href="http://www.cumberlandso.org/jail/#.UWrziyvwL0g">http://www.cumberlandso.org/jail/#.UWrziyvwL0g</a>
Cumberland County Sheriff's LE	Naldo Gagnon	Chief Deputy	gagnon@cumberlandcounty.org	Oversight of 250 employees including Corrections Divisions, Civil Division etc.	207-774-5939	<a href="http://www.cumberlandso.org/chief.htm#.UWr0iivwL0g">http://www.cumberlandso.org/chief.htm#.UWr0iivwL0g</a>
Day One	David J. Faulkner	Executive Director	davidf@day-one.org	Maine's leading agency dealing w/ teenage drug and alcohol abuse, has inpatient and outpatient services.	207.822.2651	<a href="http://www.day-one.org/index.html">http://www.day-one.org/index.html</a>
Discovery House Portland			dhme@discoveryhouse.com	Methadone maintenance program, Drug Free Program, counseling in individual and group settings.	(207) 774-7111	<a href="http://www.discoveryhouse.com/home/wletter.aspx">http://www.discoveryhouse.com/home/wletter.aspx</a>
Family Crisis Center	Lois Reckitt	CEO	familycrisis@familycrisis.org	24 hr hotline (1.866.834.4357, familycrisis@familycrisis.org), support for domestic abuse.	207.767.4952.	<a href="http://www.familycrisis.org/">http://www.familycrisis.org/</a>

mental health workgroup

Organization	Name	Position / Contact	Email	Services / Programs / Coverage Area	Phone	Website
Gray/New Gloucester Drug Free Communities (Shift GNG)	Carol Swicker		cswicker@mcd.org	Community Coalition formed to prevent and reduce youth substance abuse.	207-766-1677	<a href="http://shiftgng.org/drug_free_communities.php">http://shiftgng.org/drug_free_communities.php</a>
Healthy Lakes	Zoe Miller	Director	zoe.miller@opportunityalliance.org	Community Coalition dedicated to creating opportunities of health Lakes area.	553-5839, cell: 838-8382	<a href="http://www.communitiespromotinghealth.org/">http://www.communitiespromotinghealth.org/</a>
Healthy Rivers DFC	Lucie Rioux		lmr@propeople.org			
Intermed	Thomas Claffey	President of the Board		primary care providers	207.774.5816	<a href="http://www.intermed.com/">http://www.intermed.com/</a>
Maine Community Health Options	Malory Shaughnessy	Outreach and Education Specialist	malory.shaughnessy@gmail.com	insurance co-op	207.402.3330	<a href="http://www.maineoptions.org/">http://www.maineoptions.org/</a>
Maine Council of Churches	Leslie Manning	President of the Board	info@mainecouncilofchurches.org	Partnered across the state of Maine and beyond with non-profits and other organizations	207-772-1918	<a href="http://www.mainecouncilofchurches.org/">http://www.mainecouncilofchurches.org/</a>
Maine Health	Deb Deatrck	Senior Vice President	deatrd@mainehealth.org			
Maine Med Dept. of Psychiatry	Dr. George McNeil	Residency Director		in-patient beds		<a href="http://www.mmc.org/mmc_body.cfm?id=2138">http://www.mmc.org/mmc_body.cfm?id=2138</a>
Maine Medical Center	Mary Jean Mork	LCSW Program Director, Maine Mental Health Partners Behavioral Health Integration	morkm@mmc.org		207-662-2490	
Maine Mental Health Partners	Cheryl Lee Rust	Chair	info@legaragerestaurant.com	Maine's largest network of primary care offices offering onsite mental health treatment or telepsychiatry		<a href="http://www.mainehealth.org/mmhp_homepage.cfm?id=5710">http://www.mainehealth.org/mmhp_homepage.cfm?id=5710</a>
Mercy Hospital	Valerie Landry	Forum Chair	vlandry@maine.rr.com	Greater Portland area, special concern for the poor and disadvantaged.		<a href="http://www.mercyhospitalstories.org/cms/">http://www.mercyhospitalstories.org/cms/</a>
Mercy Hospital (Recovery Center)	Mark R. Publicker, MD	Director		Specialized Substance Abuse Treatment		<a href="http://www.mercyhospitalstories.org/cms/health-care-services/addiction-treatment/">http://www.mercyhospitalstories.org/cms/health-care-services/addiction-treatment/</a>
Midcoast Hospital Addiction Resource Center	Eric Haram	Director		Treatment for drug and alcohol addiction, family and co-dependency services.		<a href="http://www.midcoasthealth.com/addiction/default.aspx">http://www.midcoasthealth.com/addiction/default.aspx</a>
Milestone	Evelyn Blanchard	Executive Director	evelyn@milestonefoundation.org	Non-profit provides emergency shelter, detox, extended care to chronic substance abusers		<a href="http://www.milestonefoundation.org/">http://www.milestonefoundation.org/</a>
MMC Center for Outcomes Research and Evaluation	Carol Ewan Whyte	Research Scientist	ewanwc@mmc.org	research, service, education.		<a href="https://mmcri.org/home/webSubContent.php?subCatID=11&amp;catID=3&amp;headType=core&amp;catLevel=">https://mmcri.org/home/webSubContent.php?subCatID=11&amp;catID=3&amp;headType=core&amp;catLevel=</a>
Municipal Health Officer	Anita Anderson/Becca Matusovich (Cumberland)	Cumberland District Liaison	becca.matusovich@maine.gov	(Chebeague, Yarmouth, North Yarmouth, Cumberland)		<a href="http://www.maine.gov/dhhs/mecdc/local-public-health/lho/">http://www.maine.gov/dhhs/mecdc/local-public-health/lho/</a>
National Alliance on Mental Illness (NAMI) - Maine	Greg Marley	Senior Manager of Education and Support	gmarley@namimaine.org	Build a network to diagnose, treat mental illness.		<a href="http://www.nami.org/Template.cfm?Section=Maine">http://www.nami.org/Template.cfm?Section=Maine</a>
Opportunity Alliance	Pat McKenzie	VP for Recovery services	pat.mckenzie@opportunityalliance.org			
Opportunity Alliance	Joe Everett	Chief Program Officer	joe.everett@opportunityalliance.org			
Opportunity Alliance	Liz Blackwell-Moore	substance abuse counseling	liz.blackwell-moore@opportunityalliance.org			
Opportunity Alliance (Crisis Intervention)	Michael J. Tarpinian	CEO	mike.tarpinian@opportunityalliance.org	774-HELP		<a href="http://www.opportunityalliance.org/emergency-services/">http://www.opportunityalliance.org/emergency-services/</a>
PACTS	Paul Niehoff	Senior Transportation Planner	pniehoff@gpcog.org	Coordination of transportation planning and investment.		<a href="http://www.pactsplan.org/">http://www.pactsplan.org/</a>
Pfizer	Alex Peck	Key Account manager				<a href="http://www.pfizer.com/home/">http://www.pfizer.com/home/</a>

mental health workgroup

Organization	Name	Position / Contact	Email	Services / Programs / Coverage Area	Phone	Website
Portland Community Health Center	Leslie Brancato	CEO	lbrancato@portlandmaine.gov	Primary care, mental health and counseling services.		<a href="http://portlandcommunityhealthcenter.org/">http://portlandcommunityhealthcenter.org/</a>
Portland Free Clinic	Caroline Teschke	Program Manager	cjk@portlandmaine.gov			
Portland Free Clinic	Leslie Brancato	Coordinator	medesk@medesk.com	Primary care to un-insured low income adults in the Cumberland County area for no charge.		<a href="http://www.portlandmaine.gov/hhs/phcommunityfreeclinic.asp">http://www.portlandmaine.gov/hhs/phcommunityfreeclinic.asp</a> <a href="http://police.portlandmaine.gov/">http://police.portlandmaine.gov/</a>
Portland Police Dept	Michael J Sauschuck	Chief of Police	mjs@portlandmaine.gov	Partnership with the community to reduce crime and keep Portland safe.		
Portland Public Health	Ronnie Katz	Substance abuse Prevention Program Coordinator	rmk@portlandmaine.gov			<a href="http://meschoolcounselor.org/">http://meschoolcounselor.org/</a>
School Guidance Counselors	Kris Croteau	President-Elect	kcroteau@rsu18.org	Promote professionalism and ethical practices.		
Serenity House - Halfway House Program			left message 5/15	Provides transitional housing and support services for men who are recovering from substance abuse and drug addiction. Serenity House helps these men return to self-sufficient lives in the community	207.774.2722	<a href="http://www.serenityhousemaine.org">www.serenityhousemaine.org</a>
Shalom House	Mary Haynes-Rodgers	CEO	mhaynesrodgers@shalomho	Affordable housing, community based mental health services.		<a href="http://www.shalomhouseinc.org/">http://www.shalomhouseinc.org/</a>
Spring Harbor	Tracy Hawkins	Chair of Board		in-patient beds		<a href="http://www.springharbor.org/">http://www.springharbor.org/</a>
Sweetser	Stephanie Hanner	Communications Manager	<a href="mailto:shanner@sweetser.org">shanner@sweetser.org</a>	Promise Line: 1.800.434.3000, mental health organization for children adults and families.		<a href="http://www.sweetser.org/">http://www.sweetser.org/</a>
Tri-County Mental Health Services	Catherine Ryder	Executive Director	cryder@tcmhs.org	Trauma informed services for adults, Androscoggin, Franklin, Oxford, Cumberland Counties		<a href="http://www.tcmhs.org/">http://www.tcmhs.org/</a>
United Way	Emily Rines	Community Impact Director	erines@unitedwaygp.org	Out patient clinic offers mental health and substance abuse treatment.		<a href="http://www.unitedwaygp.org/">http://www.unitedwaygp.org/</a>
USM Counselor Education	Charlie Bernacchio	Assistant Professor, Counselor Education	charlieb@usm.maine.edu		(207) 780-5319	
USM Interpersonal Violence Prevention Program	Clara Porter	Coordinator	cporter@usm.maine.edu	Campus Safety Project	207-780-4218	<a href="http://www.usm.maine.edu/campussafetyproject">http://www.usm.maine.edu/campussafetyproject</a>
Veterans Administration Portland Mental Health Outpatient Clinic	Karen Tibbetts	Director of Mental Health Services	left msg 5/15 luppi@cumberlandcounty.org		207-871-8380 x3985	<a href="http://www.maine.va.gov/visitors/Port_mental.asp">http://www.maine.va.gov/visitors/Port_mental.asp</a> <a href="http://www.cumberlandcounty.org/VIP/index.htm">http://www.cumberlandcounty.org/VIP/index.htm</a>
Violence Intervention Partnership	Faye Luppi	Director		domestic violence program		
VNA Home Health & Hospice	Colleen Hilton	Chief Executive Officer	chilton@westbrook.me.us	Home care and hospice services.	(207) 854-8708	<a href="http://www.vnahomehealth.org/">http://www.vnahomehealth.org/</a>
Volunteers of America (Brackett Street)	Julie Powers	Program Manager	julie.powers@voanne.org	Affordable housing, behavioral health.		<a href="http://www.voanne.org/">http://www.voanne.org/</a>



# Maine Public Health Association

*Tina Harnett Pettingill, MPH  
Executive Director*

# Agenda

- MPHA General Public Health Agenda
- Obesity Prevention
- Tobacco Control
- Fund for a Healthy Maine

# MPHA's Legislative Philosophy

- MPHA's support or opposition to policy initiatives are always evidence-based.
- MPHA takes our capacity into consideration when developing our Legislative agenda and does not duplicate the efforts of others.
- Most of our financial resources are in the areas of tobacco, obesity and protecting the FHM.
- Committee members weigh in on many other public health initiatives.

# MPHA General Public Health

## **LD 68: An Act To Prohibit the Use of a Handheld Mobile Telephone while Operating a Motor Vehicle. *Support***

- **Description:** This bill prohibits the use of a handheld mobile telephone while operating a motor vehicle. The bill clarifies that law enforcement officers, corrections officers, firefighters, drivers of authorized emergency vehicles, holders of commercial driver's licenses, physicians, municipal public works personnel, Maine Turnpike Authority personnel and state transportation personnel, including all employees and contractors of the Department of Transportation, may use handheld mobile telephones while driving within the scope of their employment. The bill makes the offense a traffic infraction. This bill does not affect the current prohibition against text messaging while operating a motor vehicle.
- **Status:** ONTP

# MPHA General Public Health

## **LD 230: An Act To Establish the Commission on Health Care Cost and Quality.**

### ***Support***

Description: This bill establishes the Commission on Health Care Cost and Quality to monitor the accessibility, cost and quality of health care in the State. The bill also reestablishes the State Health Plan and requires the commission to develop the plan on a biennial basis.

Status: OTP- AM divided report

## **LD 846: An Act To Improve and Modernize the Authority of Local Health Officers. *Oppose***

Description: This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to: 1. Direct the Department of Health and Human Services, Maine Center for Disease Control and Prevention to update its manual for local health officers to reflect changes in the health inspection rules adopted by the center, provide annual training for local health officers and communicate regularly with local health officers; 2. Repeal the prohibition on local health officers' entering licensed establishments for purposes of inspection; 3. Simplify and modernize the training required for certain municipalities to select a local health officer; and 4. Repeal the requirement that a municipality appoint a local health officer.

Status: ONTP unanimous

# MPHA General Public Health

- **LD 272: An Act To Reduce Youth Cancer Risk . *Support***
  - Description: This bill prohibits tanning facilities and operators from allowing individuals who have not attained 18 years of age to use tanning devices.
- **Status: Passed both House and Senate. Governor Veto**
- **LD 575: An Act To Amend the Laws Relating to Radon Testing . *Opposed***
  - Description: This bill amends the laws concerning radon testing by: 1. Removing the requirement that all residential housing units be tested for radon by March 1, 2014 and every 10 years thereafter; 2. Allowing, instead of requiring, landlords and people acting on behalf of landlords to conduct radon tests and allowing tenants to conduct radon tests; 3. Applying the radon testing laws to only residential housing units located below the 3rd story above the ground floor of a building; 4. Removing the requirement that a landlord or a person acting on the landlord's behalf provide notice of a positive radon test if a subsequent test indicates there is no presence of radon; 5. Allowing a landlord or person acting on behalf of a landlord to terminate a lease or tenancy at will following a test indicating the presence of radon as an alternative to mitigation; and 6. Requiring a landlord or a person acting on behalf of a landlord to provide notice to tenants that a common area of a building tests positive for radon. If there is no presence of radon in a residential housing unit a tenant may use the common area at the tenant's discretion.
- **Status: ONTP unanimous**

# MPHA General Public Health

- **LD 997 & 1240 Gun Control Bills**
  - Description: Promote Safe Use and Sale of Firearms and Restrictions on Ammunition Feeding Devices
- **Status: ONTP on 997 and Tabled on 1240**
- **LD 597 An Act to Inform Persons of the Options for the Treatment of Lyme Disease.**  
*Oppose. OTP-AM*
- Requires any health care provider that orders a laboratory test for the presence of Lyme disease to inform the patient that a negative test for Lyme disease does not necessarily mean that Lyme disease is not present and that if symptoms continue, the patient should contact a health care provider and inquire about the appropriateness of retesting or additional treatment. The amendment also requires the MeCDC to include information on Lyme disease diagnosis and treatment on its publicly accessible website that informs users about the difficulty of diagnosing and treating Lyme disease, that some doctors and patients believe longer doses of antibiotics may be helpful and beneficial, that antibiotic use can lead to the development of drug-resistant organisms and that information on treatment alternatives for Lyme disease is available through certain websites.
- **Status: OTP- AM**

# MPHA General Public Health

## **Abortion bills– *oppose***

L.D. 760 – An Act Regarding Informed Consent for an Abortion

L.D. 1339 - An Act to Strengthen the Consent Laws for Abortions Performed on Minors and Incapacitated Persons

L.D. 1193 – An Act to Allow a Wrongful Death Cause of Action for the Death of an Unborn Child

**Status: Work sessions are being held today 5/17/13**

# Legislative Agenda -Obesity

## **LD 1160: An Act to Reduce Obesity in School Aged Children Senator Millet. *Support***

Description: This bill requires public schools to provide students in grades kindergarten through grade 5 with the opportunity for a minimum of 30 minutes of daily physical activity. Physical activity periods may not be denied as punishment or discipline. The bill does not prohibit a teacher from restricting physical activity if engaging in physical activity would present a danger to the student or to others, or if such restriction is consistent with the student's individual education plan. Teachers may provide alternative physical activities for students behaving inappropriately during physical activity periods.

The bill prohibits public schools from using food as a reward or punishment for behavior or performance in grades kindergarten through grade 12.

**Status: OTP-AM**

**CALLS NEEDED THIS WEEKEND**

# Legislative Agenda -Obesity

- **LD 777: An Act to Protect Working Mothers Who Breastfeed.**  
*Support*
- *Description:* This bill provides that it is unlawful employment discrimination under the Maine Human Rights Act for an employer to fail to provide certain workplace accommodations for an employee with a nursing child.
- **Status: Anticipated Divided Report**

# Legislative Agenda - Tobacco

## **LD 22: An Act To Promote Equity in Business Opportunity for Tobacco Specialty Stores. *Oppose***

Description: Current law allows the on-premises service, preparation and consumption of food and drink in tobacco specialty stores only if those stores were licensed for such services prior to January 1, 2007. This bill removes the prohibition on the acquisition of such licenses by tobacco specialty stores subsequent to January 1, 2007.

**Status: ONTP majority report**

# Legislative Agenda - Tobacco

## **LD 386: An Act To Reduce Tobacco-related Illness and Lower Health Care Costs in MaineCare (EMERGENCY). *Support***

Description: This bill requires the provision of tobacco cessation treatment for MaineCare members who are 18 years of age or older or are pregnant. It provides for comprehensive evidence-based coverage in accordance with the United States Preventive Services Task Force and the United States Public Health Service clinical practice guideline on treating tobacco use and dependence. The bill requires coverage without copayments or other cost sharing and directs the Department of Health and Human Services to pursue opportunities for federal reimbursement of the cost of coverage.

Status: Unanimous OTP

# Legislative Agenda - Tobacco

## **LD 212: An Act To Provide a Tax Exemption for Tobacco Sold to an Adult Member of a Federally Recognized Indian Tribe for Cultural, Spiritual or Ceremonial Purposes. *NFNA***

Description: This bill provides a sales tax exemption for the purchase of cigarettes and tobacco products by adult members of federally recognized Indian tribes for cultural, spiritual or ceremonial purposes and requires the State Tax Assessor to work with representatives of federally recognized Indian tribes in the State to establish a process for adult members of federally recognized Indian tribes to purchase cigarettes and tobacco products for cultural, spiritual or ceremonial purposes without payment of the cigarette or tobacco products taxes or to obtain a refund of those taxes.

**Status:           OTP-A**

# Legislative Agenda -Tobacco

## **LD 468: An Act To Protect Public Health at Public Institutions of Higher Education. *Support***

Description: This bill prohibits smoking on the grounds of any campus of the University of Maine System, the Maine Community College System or the Maine Maritime Academy.

**Status: OTP- majority report. Passed House and Senate.  
Gov has until 5/20.**

# Legislative Agenda - Tobacco

## **LD 1326 Other Tobacco Products Equalization. *Support***

This bill requires that all tobacco products be taxed at rates equivalent to the current tax on cigarettes. The bill requires an appropriations and allocations section to fund anticipated increased demand on the tobacco helpline for those people who are seeking to quit tobacco use.

**Status: ONTP unanimous. Letter sent by committee to appropriations recommending OTP be included in budget.**

**CALLS NEEDED**

# Legislative Agenda - Tobacco

- LD 1406: Cigarette Tax. *Support*
- This bill increases the cigarette tax by \$1.50 per package, from \$2.00 to \$3.50, to help deter the initial use of cigarettes by youth. It includes an appropriations and allocations section to fund certain programs through the Fund for a Healthy Maine and provides that any remaining funds must be used to retire debts owed to health care providers for services provided prior to December 1, 2012.
- **Status: ONTP. Letter sent by committee to appropriations recommending OTP be included in budget.**

**CALLS NEEDED!**

# Cigarette Tax and the FHM

- We all have a stake in helping Maine kids resist tobacco use. Healthy families and lower health care costs are the building blocks of a thriving economy. Maine's future prosperity depends on our ability to drastically reduce preventable diseases and the stranglehold of health costs that accompany them. Tobacco use leads to \$602 million in health costs every year in Maine.
- Tobacco is the #1 cause of preventable death. One out of two Maine adults have seen a family member or close friend die from tobacco use. Every year 2,200 Maine adults die early from using tobacco – that's nearly seven deaths per day.
- Keeping tobacco prices high is proven effective and recommended by federal experts. The U.S. Centers for Disease Control and Prevention singles out high tobacco taxes as one of their "best practice" recommendations for states to use in preventing and treating tobacco addiction. We know it works in Maine. After the cigarette tax was increased in late 2005, consumption of cigarettes in Maine dropped by more than 6 million packs per capita and the high school smoking rate declined by 16%.

# Legislative Agenda - FHM

- **LD 180: An Act Concerning the Use of Tobacco Settlement Funds for Children's Health Care. *Support***
- Description: This bill amends the law on the Fund for a Healthy Maine to require that funding for children's health care not be reduced in order to address a budget deficit.
- **OTP-AM. Passed House and Senate.**

# Legislative Agenda- FHM

- **LD 1232: An Act to Maintain the Integrity of the Fund for a Healthy Maine. *Support***
  - ▶ Description: Under current law, the Fund for a Healthy Maine is funded by ongoing funds from the so-called tobacco settlement. These funds may not be transferred to the General Fund to be used for any purpose other than specified prevention and health promotion purposes except when specifically approved by the Legislature. This bill removes the provision of current law that allows the Legislature to approve transfers of funds from the Fund for a Healthy Maine to the General Fund.
  - ▶ **Status: Anticipated divided report**

# Resources- Fact Sheets, talking points, information

## Other Tobacco Products: Candy Coated Addiction A Closer Look at the Tax Loophole

A loophole in Maine law allows some tobacco products to be treated differently than cigarettes, making these tobacco products, which are often brightly wrapped and candy-like, cheaper and more attractive to Maine's youth. Some of these products retail for less than \$1.

Functionally, little cigars are cigarettes - they are filled with cut tobacco, have filters, are mostly wrapped in paper and are a similar length and diameter. However, because they are wrapped in paper with some tobacco mixed into the paper, they are classified in law as "other tobacco products."

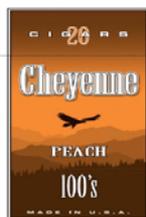
Other Tobacco Products, items like loose roll your own (RYO) tobacco, chewing tobacco, cigars and little cigars (also known as cigarillos), are taxed at only 20% percent of the wholesale price. Maine's Other Tobacco Products Tax is the lowest in New England.

### 20 Cigarettes



Cigarette Tax Collected: \$2.00

### 20 Little Cigars



Tobacco Tax Collected: \$0.30\*

\*amount will vary by product

All cigarettes are taxed at \$2.00 per pack in Maine. Why should Maine treat a pack of 20 little cigars and other cigarette-like products differently?

<sup>1</sup> A 20 Pack of Cheyenne Peach Little Cigars was purchased for \$1.65 at the Maine Smoke Shop in Augusta, Me on January 28, 2013. State tobacco tax paid assumes that the retail price markup was 10% above the wholesale price. Maine Other Tobacco Products tax is 20% of the wholesale price. Therefore, 20% of the assumed wholesale price of \$1.49 is \$0.30.

These tobacco products are addictive and harmful.  
Their fruit and candy themes and bright colors help to attract new users.  
Because they are less expensive, they appeal to children.

## Smoke-Free College Campuses Healthier Environments lead to a Healthier Workforce

- It is critical that we prepare the next generation to become a healthy workforce. Creating smoke-free environments is an incentive for people to quit, protects people from secondhand smoke and promotes a non-smoking culture.
- Youth ages 18-24 have the highest smoking rates in Maine yet 88% of these youth believe they should be protected from secondhand smoke.
- 99% of adult smokers began before the age of 26. This is a key demographic to address in the effort to reduce tobacco use in our society.
- LD 468 aligns college campuses with other state funded open areas and all K-12 educational institutions in ME. Students are accustomed to tobacco-free environments.

LD 468 would protect students, faculty and visitors from the dangers of secondhand smoke.



*There is no safe level of exposure to secondhand smoke. Even brief exposure can lead to serious disease and even death.*

- This bill levels the playing field for all campuses- affording all students/faculty/visitors the same protections and doesn't create a system where there is a "smoking campus".
- Policy change acts as an incentive for people to make quit attempts. Over 70% of people who smoke want to quit.
- Three other states (Arkansas, Oklahoma, Iowa) have state-wide tobacco-free campus laws and close to over 1,100 campuses across the nation have smoke-free policies. The CDC recommends smoke-free campus policies as an integral way to reduce youth initiation.
- A smoke-free policy does not require anyone to quit smoking, but simply prohibits use while on campus grounds. Since 75% of students and over 80% of faculty/staff do not smoke, this policy would not require an alteration in habit for the vast majority of people on campus.

**LD 468 seeks to create smoke-free college campuses within the University of Maine system, all community colleges and the Maine Maritime Academy. Let's continue to be a leader in protecting people from secondhand smoke and promoting healthy lifestyles.**

# Resources

- MPHA Policy: [www.mainepublichealth.org/policy.php](http://www.mainepublichealth.org/policy.php)
- Tobacco: [www.mainepublichealth.org/tobacco.php](http://www.mainepublichealth.org/tobacco.php)
- Obesity: [www.mainepublichealth.org/obesity.php](http://www.mainepublichealth.org/obesity.php)
- Fund for a Healthy Maine materials available at [www.slideshare.net/hppofme](http://www.slideshare.net/hppofme)
- Facebook: [www.facebook.com/MPHA](http://www.facebook.com/MPHA)



**To be more successful, we need your voice!**

**Join the Maine Public Health Association  
& pledge to help with policy efforts.**

**[www.mainepublichealth.org/join.php](http://www.mainepublichealth.org/join.php)**