

Central

Priority Area 1: Substance Use (including tobacco)

Description/Rationale/Criteria: Decreasing substance use, including tobacco, was identified as a top priority during the Community Health Needs Assessment and the DCC meetings in 2016. It is a preventable health risk that can lead to increased medical costs, injuries, cardiovascular disease, numerous cancers, and death. According to the Maine Shared Community Health Needs Assessment, district rates of alcohol related mortality, opiate poisoning, and drug affected baby referrals are all slightly above State averages. All District tobacco indicators are slightly above State averages as well, with secondhand smoke exposure among youth being significantly higher in Somerset County (46.6% v. 38.3%). Objectives are focused on reducing stigma - a recommendation of the May 2016 report of the Maine Opiate Collaborative; improving supports for those seeking treatment; and building resilience to prevent beginning substance use or relapse of those in recovery.

Selected References:

- Substance Abuse and Mental Health Services Administration Prevention Approaches* <http://bit.ly/2m8MLjs>
- Maine Community Health Needs Assessment Data Summary Central - Full list*
- MIYHS/BRFSS Data for Maine/Central District* <http://bit.ly/2narZN4>
- Maine Opiate Collaborative Recommendations:* <http://bit.ly/2oCIHpv>

Goals	Objectives	Strategies	District Partners
1. Reduce substance use in the District	1.1 Increase the number of district resources available to reduce stigma associated with seeking treatment for substance use/ mental health disorders and tobacco use	1.1.A. Complete district inventory and gap analysis of available resources for prevention, treatment, or recovery, that address stigma	Alfond Youth Center Eastern Maine Health System Educare Community Care Teams Crisis & Counseling Center Discovery House Central Maine Good Will-Hinckley Health Reach Community Health Centers Healthy Communities of Capital Area Healthy Northern Kennebec Healthy Seabasticook Valley Inland Hospital Kennebec Behavioral Health Kennebec Valley Community Action Program Kennebec Valley YMCA Maine Alliance for Addiction Recovery Maine CDC Maine Children's Home for Little Wanderers MaineGeneral Health Redington-Fairview General Hospital Seabasticook Family Doctors Seabasticook Valley Hospital Skowhegan Family Medicine School Health Coordinators, Nurses, Resource Officers Somerset Public Health

			Somerset County Association of Resource Providers Spectrum Generations Togus VA United Way of Mid-Maine Youth Matter
		1.1.B. Develop and implement district-specific marketing and communication strategy to reduce stigma	Organizations listed above, plus full DCC
1.2 Increase the number of district schools and community groups that use evidence based/ best practice programs that promote resilience and healthy decision-making		1.2.A. Conduct an inventory / gap analysis of programs that promote resilience and healthy decision making	Organizations listed above, plus full DCC
		1.2.B. Host community gatherings in at least 3 school districts to highlight the need for resilience / healthy decision making programs and promote those currently available	Organizations listed above, especially Drug-Free Communities Grantees, plus full DCC
		1.2.C. Increase educational opportunities for school administration and staff on programs that promote resilience, healthy decision making, and other positive behavioral interventions	Organizations listed above, especially Drug-Free Communities Grantees, plus full DCC
		1.2.D. Partner with schools to implement programs and policies that promote resilience, healthy decision making, and other positive behavioral interventions as alternatives to suspension for substance/tobacco use infractions	Organizations listed above, especially Drug-Free Communities Grantees, plus full DCC
1.3 Improve the effectiveness and Increase the number of supports for individuals seeking treatment for, or in recovery		1.3.A. Work with community partners to improve referral process to appropriate interventions	Organizations listed above, especially care navigators and the health care system, plus full DCC
		1.3.B. Develop plan to increase the number of	Organizations listed above, plus full DCC

	from, substance use disorder or tobacco use	trained recovery coaches in the District	
		1.3.C. Identify or create a system to connect recovery coaches to those in need of a recovery coach	Organizations listed above, plus full DCC

Priority Area 2: Adverse Childhood Experiences

Description/Rationale/Criteria: Adverse childhood experiences (ACEs) were identified as a top priority during the Community Health Needs Assessment and the DCC meetings in 2016. They are a broad spectrum of stressful or traumatic events which have a strong correlation to the development and prevalence of a wide range of detrimental health outcomes across the lifespan. In the Central District, there is a higher than average poverty rate among children (18.5 % Statewide v.19.9% in the District; 24.9% in Somerset County), and the rate of substantiated abuse and neglect claims has risen since 2013 from 22% to 27% in Kennebec County and from 32% to 35% in Somerset County (OCFS Annual Report). Work on ACEs and improving resilience in the district is intended to also help address the other identified health improvement priorities (substance use and obesity).

Selected References:

CDC-Kaiser ACEs Study: Summary <http://bit.ly/2bE4USy> Full Study: <http://bit.ly/1EGRH0J>
 American Journal of Preventive Medicine: Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults <http://bit.ly/1EGRH0J>
 2014 Annual Meeting of the Population Association of America: Long Term Physical Health Consequences of Adverse Childhood Experiences <http://bit.ly/2m9jncH>
 Center on the Developing Child at Harvard University (2016). From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. Retrieved from www.developingchild.harvard.edu
 Center on the Developing Child at Harvard University (2015). Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper No. 13. Retrieved from www.developingchild.harvard.edu
 Maine Community Health Needs Assessment Data Summary [Central - Full list](#)

Goals	Objectives	Strategies	District Partners
2. Reduce ACEs and increase resilience in the District	2.1 Increase the knowledge of the health impact of ACEs -- among Law Enforcement, Early Educators, Businesses, Child Serving Organizations, and other relevant Community Organizations	2.1.A. Assess and analyze current knowledge of the health impact of ACEs	Organizations listed above, plus/especially Law Enforcement, Early Educators, Businesses, Clinicians, and Child-Serving Organizations; and the Maine Resilience Building Network
		2.1.B. Create a plan to increase awareness of the health impacts of ACEs	
	2.2 Increase the use of ACEs screening tools in appropriate settings	2.2.A. Assess the current use of ACEs screening tools	
		2.1.B. Create a plan to increase the use of ACEs screening tools	
		2.2.C. Provide training on health impacts of ACEs and value of ACEs screening	
	2.3 Increase the number of professionals trained in and	2.3.A. Assess number of professionals using practices that develop resilience	

	using practices that develop resilience	2.3.B. Plan, promote, and offer 3-6 resilience trainings in locations throughout the District	
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Priority Area 3: Obesity

Description/Rationale/Criteria: Obesity reduction and prevention was identified as a top DPHIP priority during the Community Health Needs Assessment and the DCC meetings in 2016. Obesity in the Central District is higher than State averages among both high school students (15.2% vs. 12.7%) and adults (30% vs. 28.9%). Additionally, the consumption of sugar sweetened beverages among teens is 1.7% higher in the District than State averages. Among adults, fruit consumption is 10% lower, and vegetable consumption is 2.3% lower than State averages. The interventions below focus primarily on obesity prevention through improved nutritional choices.

Selected References:

Institute of Medicine Recommendations to Accelerate Progress in Obesity Prevention <http://bit.ly/2lskTCE>
CDC Data / Statistics on Sugar Sweetened Beverage Intake: <http://bit.ly/2cb0KS3>
CDC Impact of reducing Sugar Sweetened Beverage Intake <http://bit.ly/29ZL6Yz>
CDC Guide to Increase Fruit and Vegetable Consumption: <http://bit.ly/2IUliN6>
Maine Community Health Needs Assessment Data Summary Central - Full list
MIYHS and BRFSS Data for Maine / Central District: <http://bit.ly/2narZN4>

Goals	Objectives	Strategies	District Partners	
3. Decrease obesity in the District	3.1. Decrease the use of sugar sweetened beverages (SSB)	3.1.A. Identify or develop district/ population appropriate SSB messages and point of decision prompts to promote water at local businesses, school, and community settings	Organizations listed above, plus/especially Businesses, Schools, and Community Organizations serving SSB	
		3.1.B. Identify format and delivery channels for SSB messages and point of decision prompts		
		3.1.C Disseminate SSB messages through appropriate delivery channels		
		3.1.D. Disseminate point of decision prompts to local businesses, schools, community organizations		
	3.2 Increase fruit and vegetable consumption	3.2.A. Create plan to address barriers to increasing fruit and vegetable consumption in food serving institutions		Organizations listed above, plus/especially Schools, child care, Hospitals, Nursing Homes, and Community Institutions serving food
		3.2.B. Implement plan to address barriers to increasing fruit and vegetable consumption in food serving institutions		

