





Use of tobacco products, including cigarettes, chewing tobacco, electronic cigarettes and vaporizers, are prohibited on this property.

Tobacco Prevention in Maine: 2017 Annual Report

MaineHealth Center for Tobacco Independence

About Tobacco Prevention Services

The MaineHealth Center for Tobacco Independence (CTI) administers statewide tobacco treatment and prevention contracts on behalf of the Maine Center for Disease Control and Prevention (Maine CDC), Maine Department of Health and Human Services. These Maine CDC contracts support the Maine Tobacco HelpLine, Tobacco Treatment Training Initiative and Tobacco Prevention Services – the latter of which is part of the broader Maine Prevention Services.

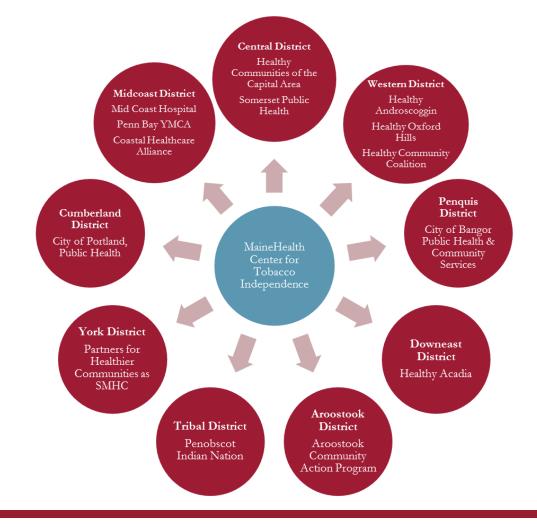
Maine Prevention Services Domain 2 - Tobacco Prevention Services Infrastructure:

MaineHealth Center for Tobacco Independence:

Maintains responsibility for programming and materials development, overarching performance monitoring and improvement, and communication and relationship with Maine CDC and other Maine Prevention Services vendors

• District Tobacco Prevention Partners:

Maintain responsibility for local-level workplan implementation



Executive Summary

This is the first annual report for the MaineHealth Center for Tobacco Independence (CTI) related to the Tobacco Prevention Services initiative. In October 2016, the Center for Tobacco Independence was contracted as the vendor for the Maine Prevention Services – Domain 2 through the Maine CDC. The statewide initiative includes strategies implemented by the Center for Tobacco Independence and fourteen community-based sub-recipients, District Tobacco Prevention Partners (DTPP), across three focus areas: prevention of youth initiation; reducing exposure to secondhand smoke; and promotion of tobacco treatment through the Maine Tobacco HelpLine.

During this first year of the new Tobacco Prevention Services initiative, there were many building activities, including hiring staff, contracting with DTPPs, in-person and virtual trainings, materials and reporting tool development. The CTI Tobacco Prevention staff completed 878 instances of technical assistance to the 14 District Tobacco Prevention Partners, including two rounds of site visits to support local work plan implementation.

This report highlights the work done across the three work plan focus areas during Year 1 of the Tobacco Prevention Services contract (January – October 2017) at both the statewide and public health district level. Collectively, there were numerous successes and a broad reach in both policy development and capacity building objectives.

The Tobacco Prevention Services Year 1 impact includes:

- The development and implementation of 72 tobacco-free area policies to reduce the initiation of tobacco use by young people. These policies were passed in public schools, youth serving entities and municipalities.
- A total of 29 new policies were passed to reduce exposure to secondhand smoke in a variety of settings, including behavioral health facilities, institutions of higher education, hospitals, and multi-unit housing.
- Three Gold Star Standards of Excellence programs were implemented to recognize organizations for implementing tobacco-free area and treatment policies and procedures. A total of 54 organizations were recognized through the hospital, higher education and behavioral health programs.
- Thirty-eight (38) people were referred to the Maine Tobacco HelpLine through the QuitLink web referral forms as a result of the nonclinical outreach partnerships with 17 Social Service Agencies.

2017 Work Plan Strategies

The Tobacco Prevention Services focus areas and strategies are rooted in evidence-based practices and the US CDC framework for effective tobacco prevention and control. For more information on the outcomes and work being conducted in Year 2, please contact: <u>TobaccoPreventionServices@MaineHealth.org</u>.

Focus Area 1: Preventing Tobacco Initiation

- <u>School Policies</u>: Increase the number of schools and youth-serving entities that adopt and implement policies that prohibit the use of all tobacco products, including Electronic Nicotine Delivery Systems.
- <u>Municipal Ordinances</u>: Increase the number of tobacco-related municipal ordinances.

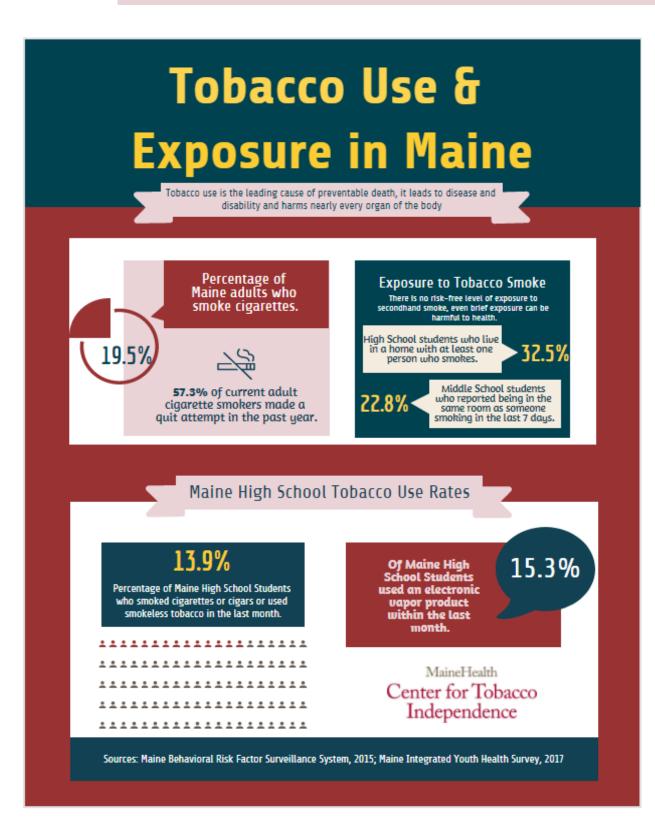
Focus Area 2: Reducing Exposure to Secondhand Smoke

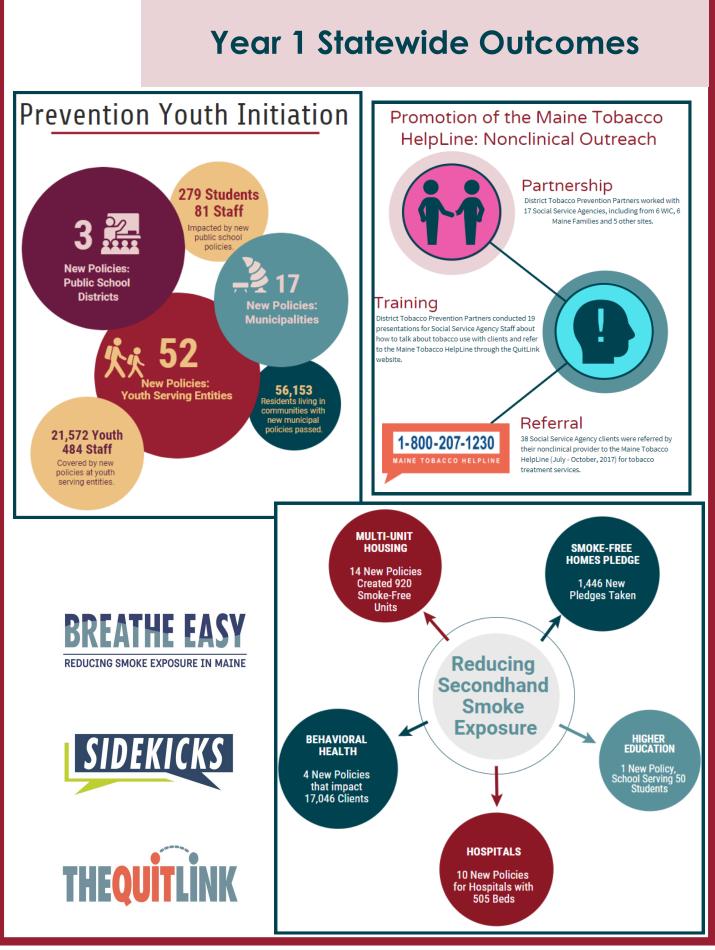
- <u>Home</u>: Increase the number of multi-unit housing properties that adopted smoke-free housing policies AND Increase the number of Maine families that have taken the Smoke-Free Homes Pledge.
- <u>Higher Education:</u> Increase the number of Career and Technical Schools AND Colleges and Universities that have passed 100% smoke and tobacco-free policies.
- <u>Hospitals & Behavioral Healthcare</u>: Increase the number of hospitals and behavioral healthcare organizations that have 100% smoke and tobacco-free policies.
- Lodging: Increase the number of lodging establishments that have smoke-free policies.

Focus Area 3: Promotion of Tobacco Treatment

- <u>Non-clinical outreach</u>: Increase the number of social service agencies, including those that serve pregnant women, that provide tobacco education and a path to treatment.
- <u>Youth Engagement</u>: Provide training on SideKicks to youth-serving entities, including schools, to increase engagement with youth and young adults regarding tobacco prevention and treatment.

Tobacco Use and Exposure Data





CTI Implementation Successes



The Gold Star Standards of Excellence programs are annual, voluntary recognition programs for organizations that have implemented evidence-based strategies maintain a tobacco-free environment and support tobacco-free lifestyles.

Behavioral Health

- \star 11 Sites Recognized \star
 - 6 Gold Level
 - 5 Silver Level

Higher Education

 \star 10 Sites Recognized \star

10 Gold Level

Hospitals

 \star 33 Sites Recognized \star

31Gold Level

1 Silver Level

1 Bronze Level

Trainings Conducted:

- Year 1 & Year 2 Kick-Off Meetings
 - 18 Webinars
 - 2 Sidekicks Trainings
- 2 Nonclinical Outreach Trainings

<u>878</u>

Instances of technical assistance provided by CTI to the 14 District Tobacco Prevention Parters



New Resources Developed:

- Tobacco-Free School & Area Signs
 - School & Municipal Toolkits

Aroostook Public Health District

DTPP: Aroostook County Action Program



- **Hospital:** Houlton Regional Hospital
- Multi-Unit Housing: Valerie O'Neil
 (private landlord), Van Buren Housing
 Authority
- Municipalities: Houlton, Island Falls, Loring Development Authority, Presque Isle
- Youth-Serving Entities: Policies were passed in 27 childcare centers

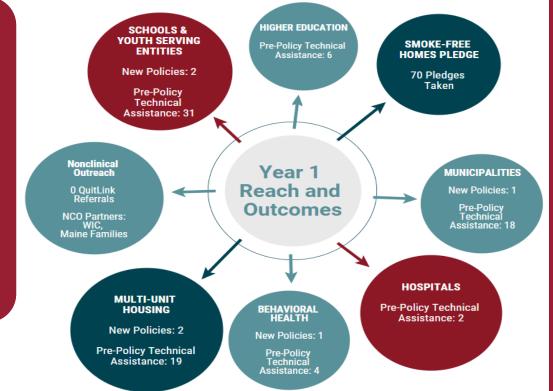
Tobacco Use Measure	Aroostook PH District Rate	Compared to State	Trend
HS Students with current use of cigarettes / smokeless	14.3%	↑	
HS Students with current use of electronic product	13.7%	✦	
HS Students - live with a smoker	44.2%	↑	
MS Students - same room as smoker in past 7 days	30.7%	↑	
Adults with current use of cigarettes	24.6%	↑	N/A

Central Public Health District

DTPPs: Healthy Communities of the Capital Area, Somerset Public Health

Passed Policies in Year 1:

- Behavioral Health: Kennebec Behavioral Health
- Multi-Unit Housing: Carrebec Park, C&C Realty, Wendy Lumbert (private landlord)
- Youth-Serving Entities: All About Me Childcare, Bouncing Bubbles Daycare, Southern Kennebec Child Development Corporation



Tobacco Use Measure	Central PH District Rate	Compared to State	Trend
HS Students with current use of cigarettes / smokeless	14.1%	↑	
HS Students with current use of electronic product	15.8%	↑	
HS Students - live with a smoker	38.1%	↑	
MS Students - same room as smoker in past 7 days	27.3%	♠	
Adults with current use of cigarettes	22.8%	↑	N/A

Cumberland Public Health District

DTPP: Portland Public Health



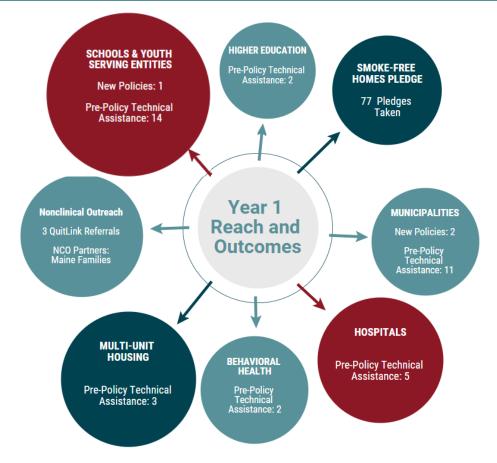
- Multi-Unit Housing: Priscilla Dunn (private landlord), Timothy Martin (private landlord)
- Youth-Serving Entities: Children's Enrichment on Cape, Youth & Family Outreach

Tobacco Use Measure	Cumberland PH District Rate	Compared to State	Trend
HS Students with current use of cigarettes / smokeless	12.9%	↓	
HS Students with current use of electronic product	15.9%	1	
HS Students - live with a smoker	24%	¥	
MS Students - same room as smoker in past 7 days	16%	¥	
Adults with current use of cigarettes	13.3%	↓	N/A

Downeast Public Health District

DTPP: Healthy Acadia

- **Municipality:** Ellsworth
- Youth-Serving Entities: Cathy's Kids Childcare, Little Hunter's Den



Tobacco Use Measure	Downeast PH District Rate	Compared to State	Trend
HS Students with current use of cigarettes / smokeless	12%	¥	
HS Students with current use of electronic product	12.8%	¥	
HS Students - live with a smoker	34%	1	
MS Students - same room as smoker in past 7 days	28.3%	↑	
Adults with current use of cigarettes	20.2%	1	N/A

Midcoast Public Health District

DTPPs: Coastal Healthcare Alliance, Knox County Community Health Coalition, Mid Coast Hospital



Tobacco Use Measure	Midcoast PH District Rate	Compared to State	Trend
HS Students with current use of cigarettes / smokeless	13.7%	≁	
HS Students with current use of electronic product	14.9%	↓	
HS Students - live with a smoker	33.2%	^	
MS Students - same room as smoker in past 7 days	25.2%	^	
Adults with current use of cigarettes	16.8%	↓	N/A

- Behavioral Health: Maine Behavioral Healthcare (Rockland), Mid Coast Hospital Addiction Resource Center
- Higher Education: Downeast School
 of Massage
- Hospitals: Lincoln Health, Mid Coast Hospital, Pen Bay Medical Center
- Multi-Unit Housing: Affordable Housing of New England, C&C Realty, Highland Park Apartments, Linda Lecroix (private landlord)
- Municipalities: Bath, Bristol, Harpswell, Lincolnville, Searsport, Waldoboro
- Public Schools: Isleboro, South
 Bristol
- Youth-Serving Entities: Boothbay Region YMCA, Central Lincoln County YMCA, OUT Maine, Penobscot Bay YMCA, Waldo County YMCA

Penquis Public Health District

DTPP: Bangor Public Health & Wellness



Tobacco Use Measure	Penquis PH District Rate	Compared to State	Trend
HS Students with current use of cigarettes / smokeless	14.6%	↑	
HS Students with current use of electronic product	14%	↓	
HS Students - live with a smoker	34%	1	
MS Students - same room as smoker in past 7 days	25.4%	↑	
Adults with current use of cigarettes	20.4%	1	N/A

Western Public Health District

DTPPs: Healthy Androscoggin, Healthy Community Coalition, Healthy Oxford Hills



Tobacco Use Measure	Western PH District Rate	Compared to State	Trend
HS Students with current use of cigarettes / smokeless	15.3%	↑	
HS Students with current use of electronic product	14.5%	♦	
HS Students - live with a smoker	38.8%	1	
MS Students - same room as smoker in past 7 days	25.9%	↑	
Adults with current use of cigarettes	21.8%	^	N/A

- Behavioral Health: Bright Future Healthy You
- Hospitals: Franklin Memorial Hospital, St. Mary's Medical Center
- Multi-Unit Housing: Affordable Housing of New England, Judd Rental Properties
- Municipalities: Bethel, Hiram, Norway, Porter, Roxbury, Sumner, Waterford
- Youth-Serving Entities: Acadia Academy, Carrabassett Valley Outdoor Adventure Camp, Carrabassett Valley Sugarloaf Childcare, School Bell Kid Care, Wee Care Daycare, Western Foothills Kids Association, Western Maine Center for Children

York Public Health District

DTPP: Southern Maine Health Care

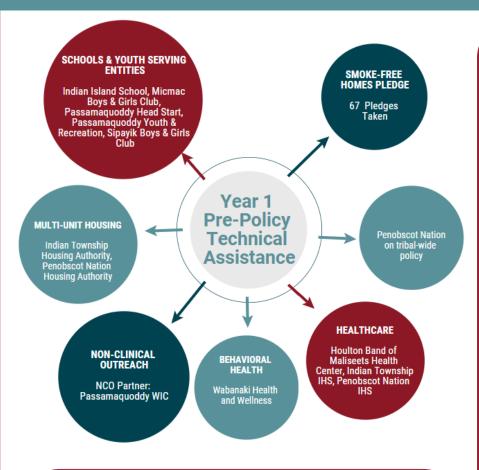
- Healthcare: Nasson Health Care
- Multi-Unit Housing: Deb Erickson-Irons (private landlord), Timothy Martin (private landlord), Priscilla Dunn (private landlord)
- Youth-Serving Entities: Community Bicycle Center, Juncture Learning Center, Nason Community Center



Tobacco Use Measure	York PH District Rate	Compared to State	Trend
HS Students with current use of cigarettes / smokeless	14.4%	↑	
HS Students with current use of electronic product	17.1%	1	
HS Students - live with a smoker	29.9%	¥	
MS Students - same room as smoker in past 7 days	19.9%	¥	
Adults with current use of cigarettes	19.5%	=	N/A

Tribal Public Health District

DTPP: Wabanaki Public Health



Information from Wabanaki Public Health regarding data limitations:

Data from state and federal sources is often unreliable and does not accurately capture information about the tribal populations in Maine. These surveys do not collect a representative sample, as only self-identified racial data is collected. Additionally, the data does not reflect if those respondents are citizens of one of the four tribes in Maine, citizens of tribes outside of Maine, or live on tribal lands. For this reason, the 2010 Wabanaki Health Assessment (the largest health assessment/ data set of tribal people east of the Mississippi) was so critical; it provided accurate and reliable data on the tribal population across several different health factors. The assessment found that 43% of Wabanaki currently use commercial tobacco products, which is significantly higher than the state rate of 23%.

This finding support national data that shows that American Indians/Alaska Native (AI/AN) populations experience disproportionately higher rates of commercial tobacco use than all other U.S. populations.

Policies Passed in Year 1:

Indian Island School

Wabanaki Public Health Approach:

Wabanaki Public Health offers programs that are focused in education and policy work around commercial tobacco and ceremonial tobacco, where commercial tobacco is differentiated between ceremonial and traditional tobacco as medicine. In particular, WPH is educating communities on the harmful effects of commercial tobacco use and promoting the ceremonial and traditional uses of tobacco as a way to promote physical, spiritual, emotional, and community well-being. As a sacred medicine, tobacco being used as a commercial product is counter to Native American cultural values. WPH has worked hard in changing the landscape across many domains and venues to differentiate the difference between commercial tobacco and ceremonial tobacco both within and outside of tribal communities. By promoting this consistent message, WPH has noticed that some of the communications regarding tobacco has begun to change, meaning we have seen communications from other organizations use the word "commercial tobacco" when referencing tobacco. Using these creative and culturally-relevant approaches to expanding the knowledge around commercial tobacco use and traditional/sacred tobacco, will help raise awareness about the incidence of disproportionately higher rates of commercial tobacco use in our Tribal communities.

Tobacco Prevention in Action

Success Stories from the Field

Collaborating Across Public Health Districts for

Smoke-Free Housing Implementation

Multi-unit housing property owners and managers often have properties in multiple parts of the state. Two District Tobacco Prevention Partners were able to identify a need and opportunity to support smoke-free housing policy change with C&C Realty Management. After outreach by the DTPPs it was discovered that C&C was going to make their portfolio in Lincoln and Kennebec Counties smoke-free. Coastal Healthcare Alliance and Healthy Communities of the Capital Area collaborated to provide technical assistance to the sites in respective service areas. With support from their DTPPs, C&C Realty Management implemented smoke-free housing policies in 13 buildings. As a result, residents in 389 units are protected from secondhand smoke.

Partnering Across Maine Prevention Services Domains for Youth Serving Entity Policy Change

Aroostook County Action Program (ACAP) collaborated with Let's Go 5-2-1-0 of Aroostook County on an event to educate daycare providers about tobacco and physical activity policies. Providing the opportunity for daycare sites to update their tobacco policies based on the Center for Tobacco Independence template, ACAP provided onsite technical assistance, As a result of the effort, 27 child care sites adopted new tobacco-free policies.



Tobacco Prevention in Action

Success Stories from the Field

Nonclinical Outreach: Promoting the Maine Tobacco HelpLine

Southern Maine Health Care partnered up with Maine Families York County to implement a tobacco prevention & cessation program for its clients. Using the Ask -Advise-Refer model, family visitors managed to impact the tobacco habits of 50% of their smoking clients (creating smoke-free homes & environments, reducing use, and getting clients to call the Maine Tobacco Help Line).

36 Families involved and many made positive tobacco-free changes, including:

- 5 Created Smoke-Free Home Environments
- 2 Contacted the MTHL
- 4 Reduced Tobacco Use
- 30% of the total smoking population took some step to reduce tobacco use/ exposure

Empowering Young People to Talk about Tobacco Use and Quitting with Peers through Sidekicks

Mid Coast Hospital was an early adopter of the Sidekicks initiative, completing the program with two groups in Sagadahoc County during Year 1. SideKicks gives youth and young adults the skills and confidence to hold respectful conversations about tobacco use, to support their peers who use tobacco, as well provide them with connections to a network of adult advisors as a resource for questions and additional support.

Trainings were held for a group of Middle School students in August and a cohort of High School students in October-November. The experience of the DTPP trainer and feedback from youth participants are helping to shape further Sidekicks training in Year 2.



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