

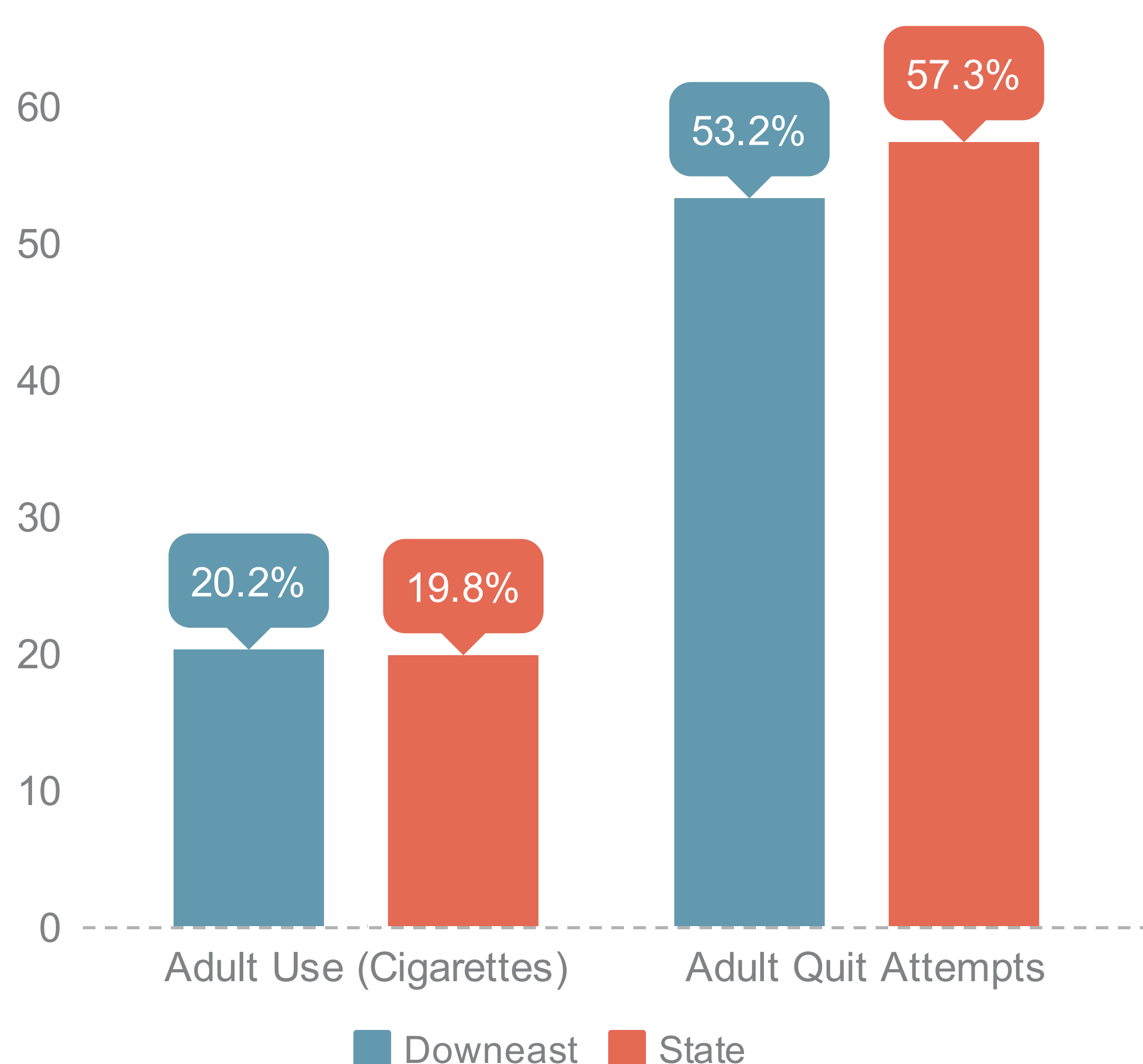
DOWNEAST

Public Health District Profile and Outcomes

Maine's 7th Public Health District is Downeast, and includes Hancock and Washington Counties. The Downeast District has an estimated population of 86,408 (Hancock: 54,483, Washington: 31,925) and includes 83 municipalities. The median household incomes are \$50,037 (Hancock) and \$39,469 (Washington) with 12.1% and 18.0% of individuals living in poverty, respectively.

District Tobacco Prevention Partner: Healthy Acadia

Tobacco Use in Downeast District



Maine Tobacco HelpLine Utilization

1.6% Percentage of Hancock County tobacco users registered for services (compared to 2.6% statewide)

1.5% Percentage of Washington County tobacco users registered for services

3.7% of MaineCare Beneficiaries that called the MTHL were from the Downeast District.



Treatment Training Participants

10 Tobacco Intervention: Basic Skills Trainings

4 Tobacco Intervention: Intensive Skills Trainings

Clinical Outreach Trainings

4 Participants for 1 Training Session



Nonclinical Outreach

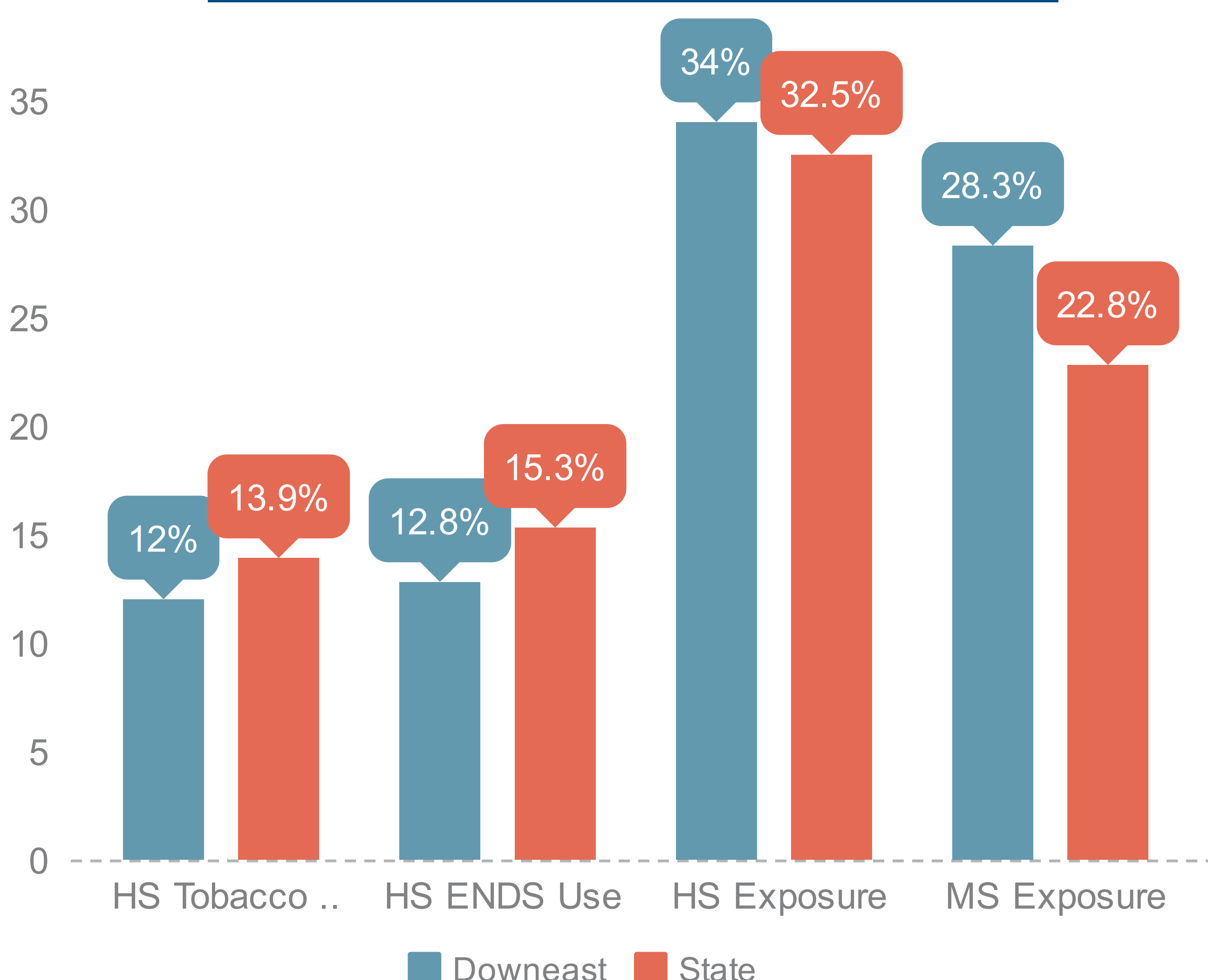
12 Social Service Providers Trained

16 Nonclinical Outreach-Related Client Referrals to the MTHL through the QuitLink

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Tobacco Use in Downeast District



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Smoke-Free Homes
Pledges Taken



- 1 Sidekicks Training Held
- 2 New Youth Sidekicks Trained

Smoke and Tobacco-Free Policies Implemented:

Behavioral Health: 1 policy passed for an organization with 8 employees serving 360 clients.

Hospital: 1 policy passed for a hospital with 500 employees and 25 patient beds.

Lodging: 1 policy passed for an establishment with 7 guest rooms and 5 employees.

Municipalities: 4 policies passed for municipalities with a combined population of 6,882 and 48 employees.

Schools: 2 policies passed for schools with 909 enrolled students and 129 employees.

Youth-Serving Entities: 6 policies passed for organizations serving 94 youth and with 20 employees.



Unless otherwise noted, use data is from the Behavioral Risk Factor Surveillance System (2016) and Maine Integrated Youth Health Survey (2017). The programmatic outcomes are based upon CTI Grant Fiscal Years as explained in the Annual Report Executive Summary.

For information on statewide reach, see the Statewide Tobacco Treatment and Prevention Annual Report.