

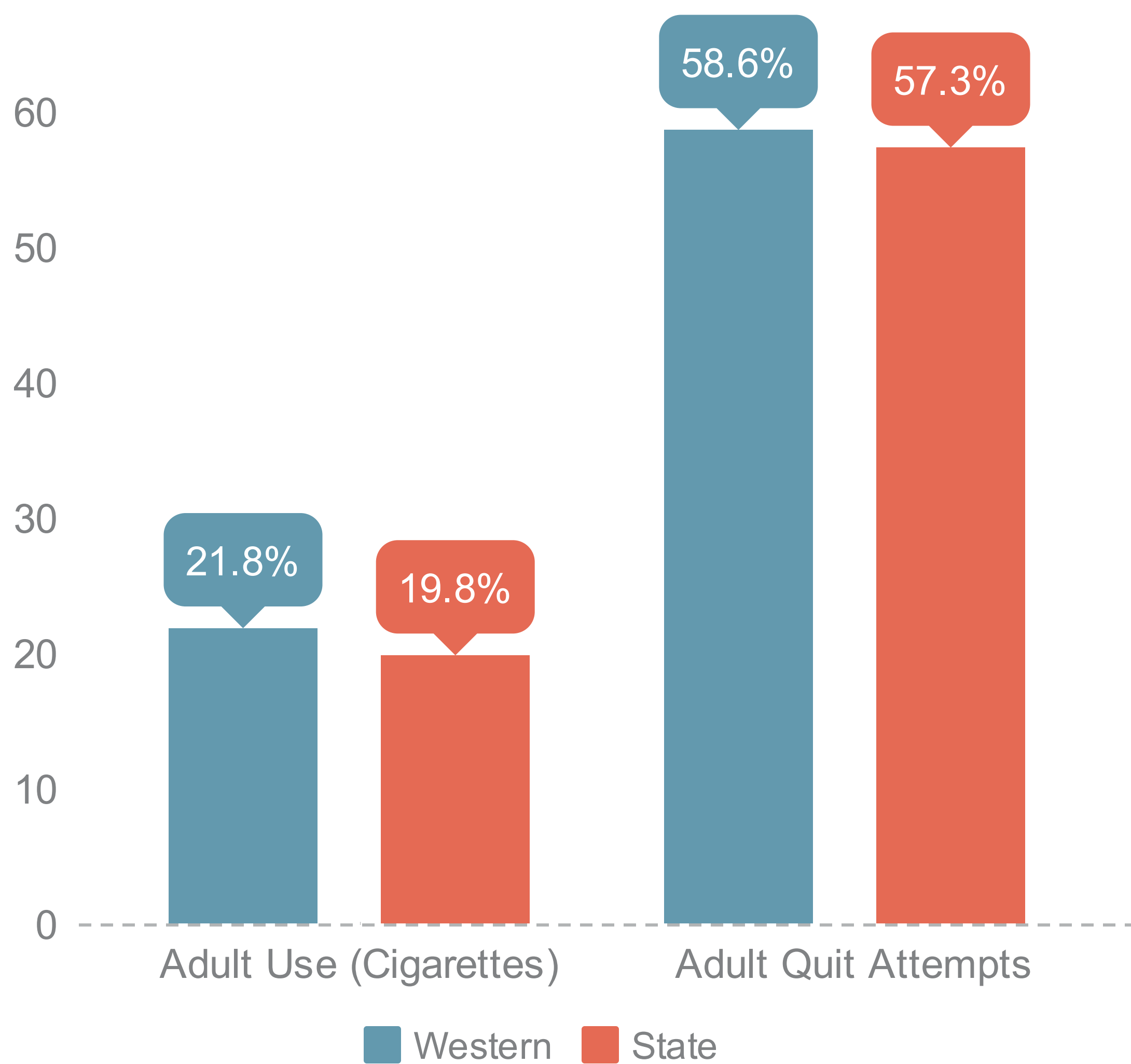
WESTERN

Public Health District Profile and Outcomes

Maine's 3rd Public Health District is Western, and includes Androscoggin, Franklin and Oxford Counties. The Western District's estimated population includes Androscoggin: 107,376, Franklin: 30,270, Oxford: 57,299 and includes 71 municipalities. The median household income was \$48,728 (Androscoggin), \$43,007 (Franklin), and \$42,197 (Oxford) and 14.8%, 14.1% and 16.7% of individuals live in poverty, respectively.

District Tobacco Prevention Partners: Healthy Androscoggin, Healthy Community Coalition and Healthy Oxford Hills.

Tobacco Use in Western District



Maine Tobacco Helpline Utilization

2.5%

Percentage of Androscoggin County tobacco users registered for services

3.2%

Percentage of Oxford County tobacco users registered for services

2.3%

Percentage of Franklin County tobacco users registered for services

(compared to 2.6% statewide)

15.9% of MaineCare Beneficiaries that called the MTHL were from the Western District.

Treatment Training Participants

15 Tobacco Intervention: Basic Skills Trainings

7 Tobacco Intervention: Intensive Skills Trainings

Clinical Outreach Trainings

109 Participants for 3 Training Sessions

Nonclinical Outreach

26 Social Service Providers Trained

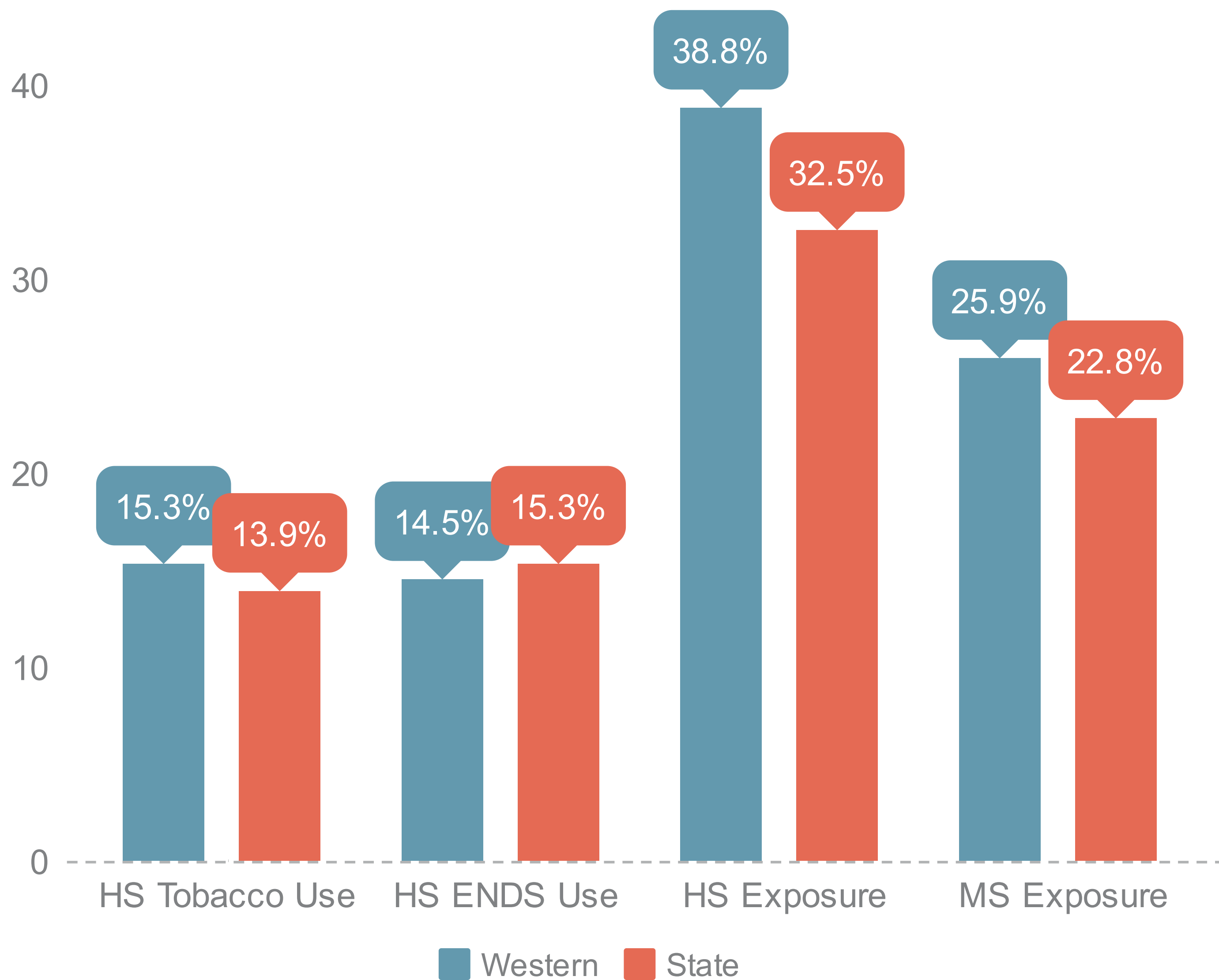
34 Nonclinical Outreach-Related Client Referrals to the MTHL through the QuitLink



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Tobacco Use in Western District



243
Smoke-Free Homes
Pledges Taken



7 Sidekicks Trainings Held
25 New Youth Sidekicks
Trained

Smoke and Tobacco-Free Policies Implemented:

Hospitals: 1 policy passed for a hospital with 1,800 employees and 233 patient beds.

Lodging: 1 policy passed for an establishment with 10 guest rooms and 4 employees.

Multi-Unit Housing: 3 policies passed that cover 15 buildings with 5,424 units and 9,750 tenants.

Municipalities: 3 policies passed for municipalities with a combined population of 9,957.

Schools: 1 policy passed for a school with 6,974 enrolled students and 1,295 employees.

Youth-Serving Entities: 17 policies passed for organizations serving 1,260 youth and with 50 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.