

Maine Prevention Services Initiative

ATLAS

2016 - 2021



MAINE
PREVENTION
SERVICES

Maine Center for Disease Control & Prevention
Department of Health and Human Services



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Introduction

Maine Prevention Services Initiative

In 2016, the Maine CDC organized tobacco, obesity, youth engagement and empowerment, and substance use prevention efforts collectively under the rubric of the Maine Prevention Services (MPS) Initiative. The Initiative is funded through multiple sources including the tobacco Master Settlement Agreement, as well as state and federal funding. The Maine CDC contracts with five statewide vendors to implement specific areas of prevention services, as shown below.

MPS Initiative and Evaluation Structure

MAINE CENTER FOR DISEASE CONTROL AND PREVENTION				
Domain 1: Substance Use Prevention <i>University of New England</i>	Domain 2: Tobacco Use and Exposure Prevention <i>Maine Health Center for Tobacco Independence Maine QuitLink</i>	Domain 3: Youth Engagement and Empowerment <i>Maine Youth Action Network</i>	Domain 4: Mass- Reach Health Communications <i>Rinck Advertising</i>	Domain 5: Obesity Prevention <i>Maine Health Let's Go!</i>
PCG Evaluation	PFH Evaluation			

The Domain 1 vendor, University of New England (UNE), provides substance use prevention services, as well as some harm reduction strategies as part of the MPS Initiative. For Domain 2, the MaineHealth Center for Tobacco Independence (CTI) works to prevent commercial tobacco use¹ and exposure to secondhand smoke while also promoting tobacco treatment services. The Maine Youth Action Network (MYAN) is the Domain 3 vendor focused on building youth resilience and leadership to identify and address prevention-related needs within their communities. For Domain 5, MaineHealth Let's Go! works to prevent obesity and promote healthy behaviors. Each vendor subcontracts with community organizations, referred to as funded partners, to implement strategies in each of Maine's Public Health Districts. Rinck Advertising leads Domain 4 by implementing mass-reach health communication campaigns focused on the prevention of substance use and tobacco use.

Various grants within Domain 1 are evaluated by Public Consulting Group (PCG). The strategies of Domains 2 through 5 are evaluated by Partnerships For Health (PFH) through in-depth outcome evaluations, as well as the collection of annual Implementation Indicators to track progress towards goals over time.

¹Throughout the Atlas, references to tobacco refer solely to commercial tobacco use, not the sacred and traditional tobacco used by American Indian communities.

Understanding the Atlas

The MPS Atlas provides a series of maps for Domains 1, 2, 3, and 5, with a section for each Domain. Using programmatic data collected from the domains, each map in the Atlas highlights the geographic spread and reach of strategies. Maps that show programmatic effort, such as the provision of technical assistance, reflect the cumulative total effort since the start of the MPS Initiative. Outcome maps are displayed by a Year 1 map compared to a cumulative map, showing how engagement with the MPS Initiative has resulted in progress over time.

As shown in the sample map layouts, each of the maps is accompanied by a descriptive title; a legend that provides necessary information for understanding map colors and symbols; call-out boxes that highlight the Year 1 and Cumulative totals; and a narrative that describes how to read and interpret the maps. When needed, definitions of terms and descriptions of strategies are provided for further understanding. For Domain 1, some Year 1 and Cumulative totals may differ from those reflected in other MPS documents due to the timing of data updates.

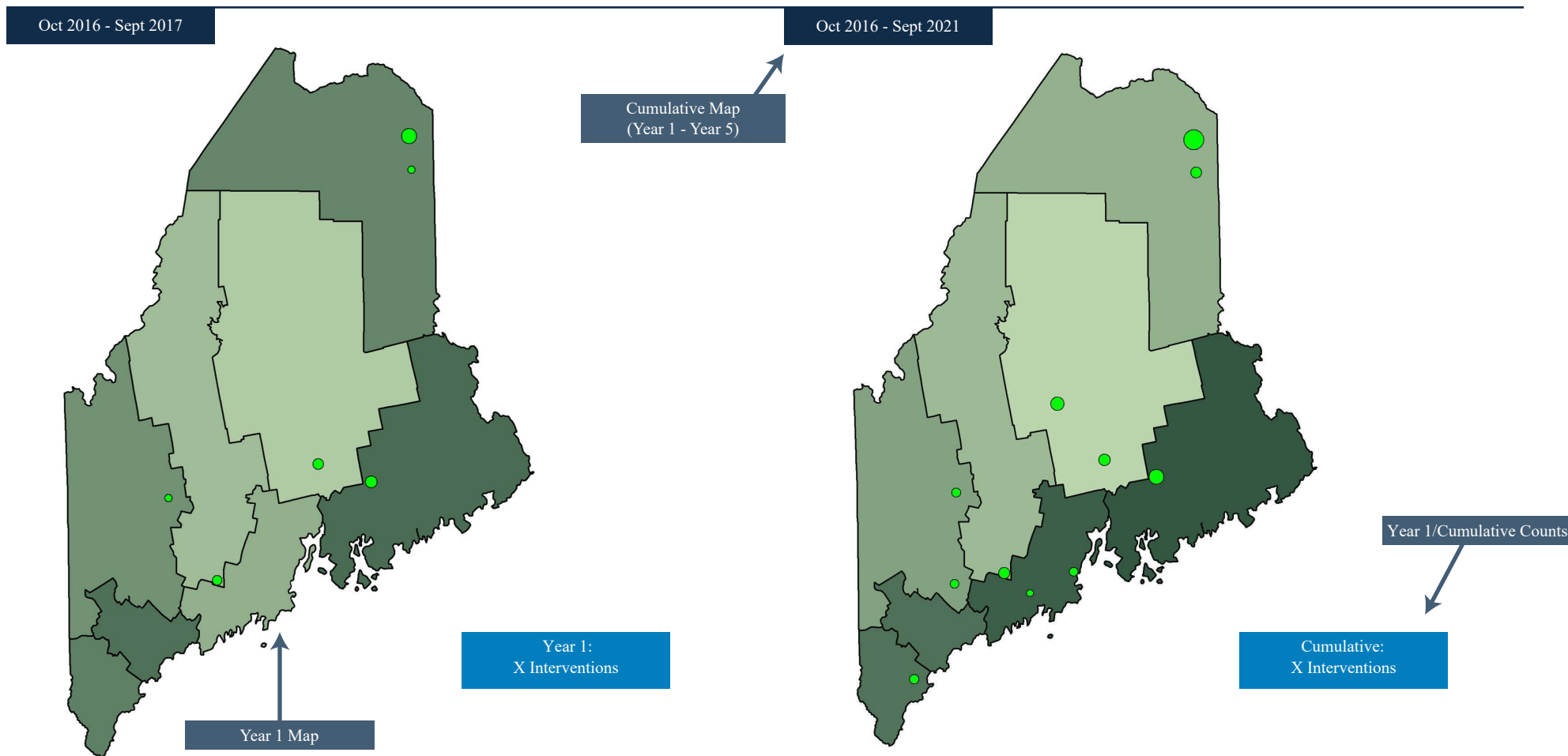
As there are tribal sites and communities located throughout the state of Maine, the tribal service area of the MPS Initiative is non-geographic and cannot be linked to specific locations on a map. In addition, tribal efforts conducted through the MPS Initiative are often indicative of the funded partner that completed the work, rather than the site(s) receiving services. Therefore, relevant maps for Domains 2, 3, and 5 include a call-out box to capture the number of sites within tribal communities engaged throughout the MPS Initiative.

To provide context for the programmatic data, each map also displays population or surveillance data in the form of a heat map by public health district or county. Typically, maps that show programmatic effort (such as technical assistance and training) include a heat map with Maine Integrated Youth Health Survey (MIYHS) or Behavioral Risk Factor Surveillance System (BRFSS) data that is relevant to the programmatic indicator being mapped. Maps that intend to show outcomes and reach include heat maps using U.S. Census population data (e.g., population of children or adults). The legend for each map includes the specific data source.

Using the Atlas

The Maine CDC, vendors, funded partners, and stakeholders are encouraged to use the MPS Atlas as a resource for programmatic reporting and improvement. The maps can be incorporated into internal planning documents, program presentations, reports on outcomes and MPS efforts, and MPS engagement resources. Provided as a PDF, the MPS Atlas is set up to be easily downloaded in its entirety and is compatible with cell phone viewing. Navigation links are provided throughout the document to move easily from section to section.

Map Layout (Domain 1: Substance Use)



Map Legend

High School Students Alcohol Use Rates: MIYHS, 2017 & 2019

- 19.0% - 20.3%
- 20.4% - 21.7%
- 21.8% - 23.1%
- 23.2% - 24.5%
- 24.6% - 26.0%

● Number of Interventions/Funded Partners



Reading the Maps

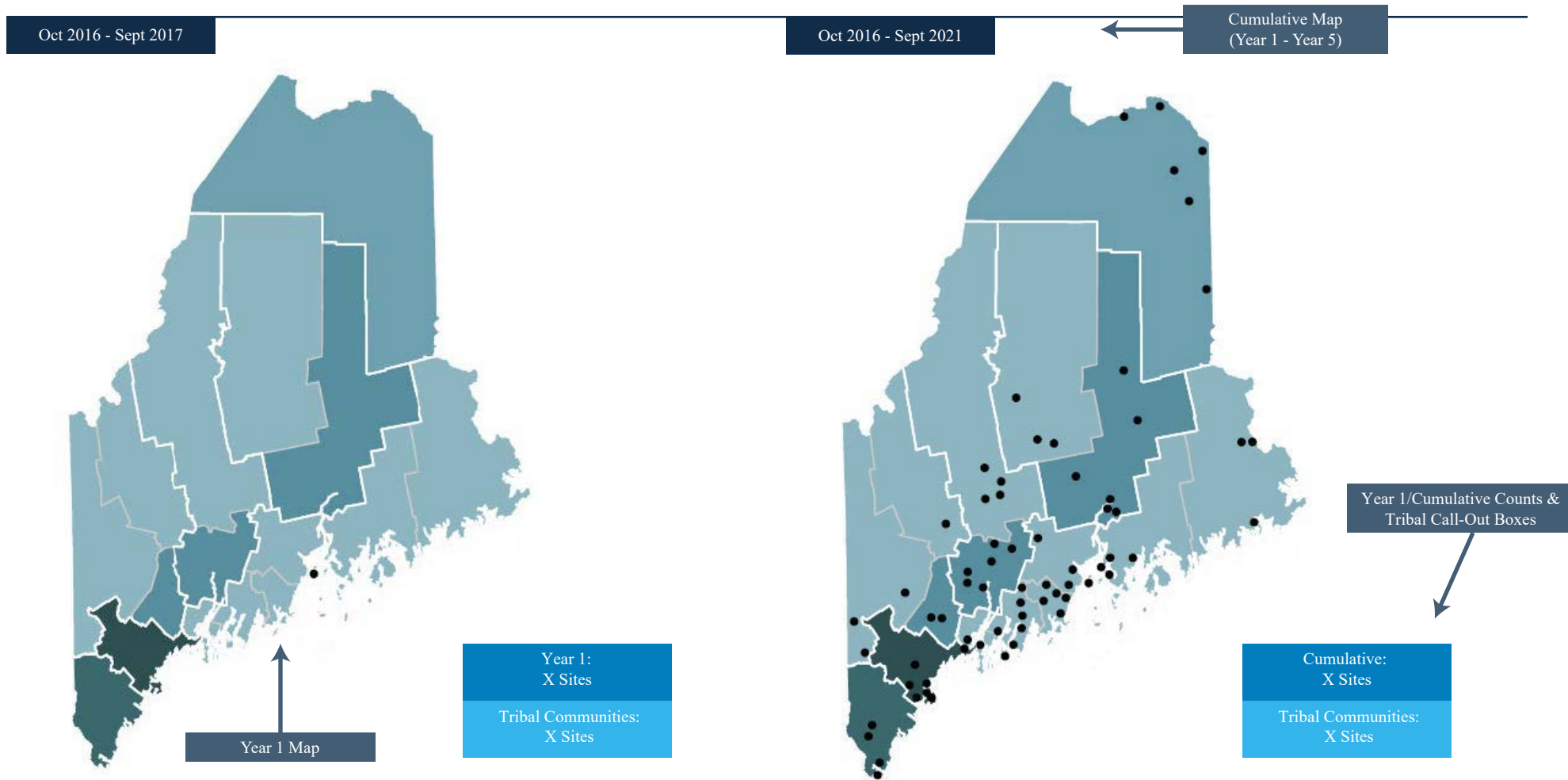
This narrative will provide additional information about the colors of the heat map and what each of the programmatic symbols displays. Any additional descriptions and/or definitions needed to understand and interpret the maps will also be included here.

Each green dot represents the number of interventions that occurred or the number of funded partners that implemented activities within their service area between 2016 and 2021. A larger green dot indicates a funded partner implemented a greater number of interventions.

Total counts for each specified time period are included in the Year 1 and Cumulative call-out boxes.

Narrative on reading the map

Map Layout (Tobacco, Youth, and Obesity)



Map Legend

Map Legend

Population of Children (5-18): US Census, 2017

2,268 - 8,860	22,046 - 28,638
8,861 - 15,452	28,639 - 35,230
15,453 - 22,045	35,231 - 41,824

● Town

Reading the Maps

Narrative on reading the map

This narrative will provide additional information about the colors of the heat map and what the programmatic symbols display.

Each dot on the map represents a town with a site that was engaged through the MPS Initiative. The Tribal Communities call-out boxes include the number of sites within tribal communities that were engaged in the MPS Initiative during each specified time period.

Total counts for each specified time period are included in the Year 1 and Cumulative call-out boxes.

Any additional descriptions and/or definitions needed to understand and interpret the map will also be included here.





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Number of Prime for Life Universal Classes Conducted	9
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Number of Student Intervention Reintegration Program (SIRP) Classes Conducted	10
<hr/>	
Number of Responsible Beverage Seller/ Service (RBS) Trainings Conducted	11
<hr/>	
Number of Law Enforcement Details Implemented	12
<hr/>	
Number of Funded Partners that Implemented Drug Take-Back Efforts	13
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Number of Funded Partners that Implemented Safe Storage Efforts	14

Substance Use Prevention

Using a braided funding approach, the University of New England (UNE) has sub-contracted with 21 local community agencies to implement activities to prevent youth and young adult substance use and misuse, including alcohol, marijuana, and prescription drugs. Both UNE and its funded partners, known as community partners, use the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework to address factors that cause or impact substance use and can be mitigated with intervention strategies.

Certified Substance Use Prevention Specialists have worked in all 16 counties and the Tribal Public Health District. Together, they work closely with other community stakeholders (such as law enforcement, schools, higher education institutions, worksites, health care providers, and local governments) to implement evidence-based and state approved primary prevention activities.

Each funded partner conducts a needs assessment of their service area by using available surveillance data and collecting additional local data. They then use the results of the assessment to develop their annual workplans and identify the SAMHSA Center for Substance Abuse Prevention (CSAP) strategies and interventions they will implement. CSAP strategies cover 6 areas:

- **Information Dissemination:** Using social media, radio, print, electronic messaging, and other mass communication methods that aim to increase awareness, knowledge, and prevention-minded norms around substance use and misuse.
- **Education:** Providing two-way interactive sessions and lessons aimed at increasing participants' knowledge and skills to take actions to prevent substance use.
- **Environmental Factors:** Establishing or changing population-based factors that influence substance use and related problem behaviors.
- **Problem Identification and Referral:** Identifying and referring individuals who have misused or illegally used substances but have not been diagnosed with a substance use disorder.
- **Community-Based Process:** Building readiness and engagement of community stakeholders and target populations to address intervening variables known to impact substance use and misuse.
- **Alternatives:** Engaging youth to participate in constructive and healthy activities to reduce the attraction to substance use.

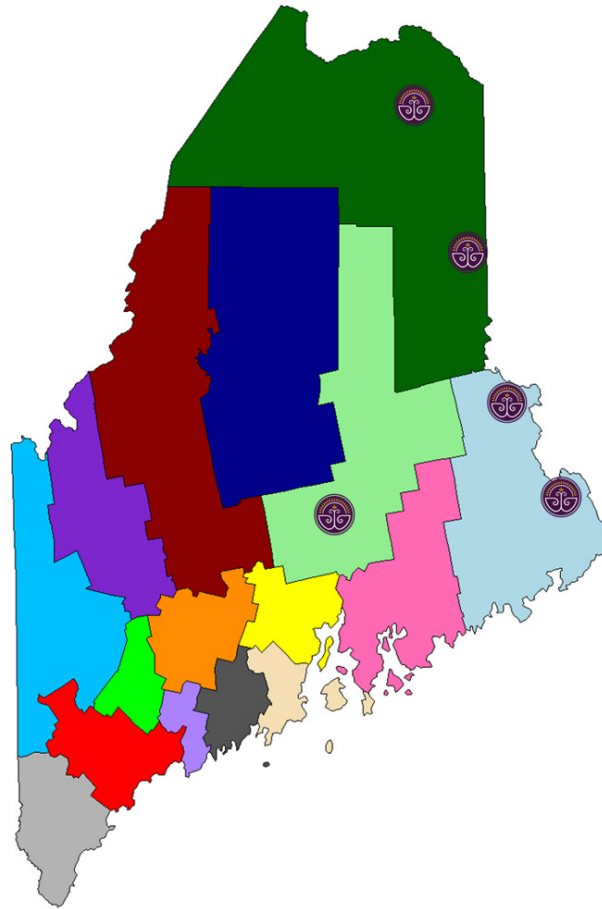
These efforts address individual, family, peer group, organizational, and community factors that influence people's substance use choices. This comprehensive approach treats substance use prevention as a community-wide matter, which research has shown to be more effective than trying to address it through individually focused initiatives.

For more information, please refer to [UNE's website](#).



Substance Use Prevention: Funded Partners by Service Area

Oct 2016 - Sept 2021



Map Legend

- Bangor Public Health and Community Services & Northern Light Mayo Hospital
- Casco Bay Create Awareness Now, The City of Portland Public Health Division, The Opportunity Alliance, & Southern Midcoast Communities for Prevention
- Coastal Healthy Communities Coalition, Partners for Healthier Communities at SMHC, & York Hospital Choose to be Healthy
- Healthy Acadia
- Healthy Acadia
- Healthy Androscoggin & Healthy Community Coalition

- Healthy Communities of the Capital Area & Kennebec Behavioral Health
- Healthy Community Coalition
- Healthy Lincoln County
- Healthy Oxford Hills & Healthy Community Coalition
- Northern Light Mayo Hospital
- PenBay YMCA/Knox County Community Health Coalition
- PenBay YMCA/Knox County Community Health Coalition
- Power of Prevention & Wabanaki Public Health and Wellness
- Somerset Public Health, Healthy Community Coalition, & Kennebec Behavioral Health
- Southern Midcoast Communities for Prevention
- Wabanaki Public Health and Wellness

Reading the Map

The [University of New England](#) helps coordinate and lead the work of the funded Substance Use Prevention Partners. The colors represent the areas where each of the funded partners conducted their Maine Prevention Services Initiative efforts between 2016 and 2021. Wabanaki Public Health and Wellness conducted efforts within tribal communities through June 2021.

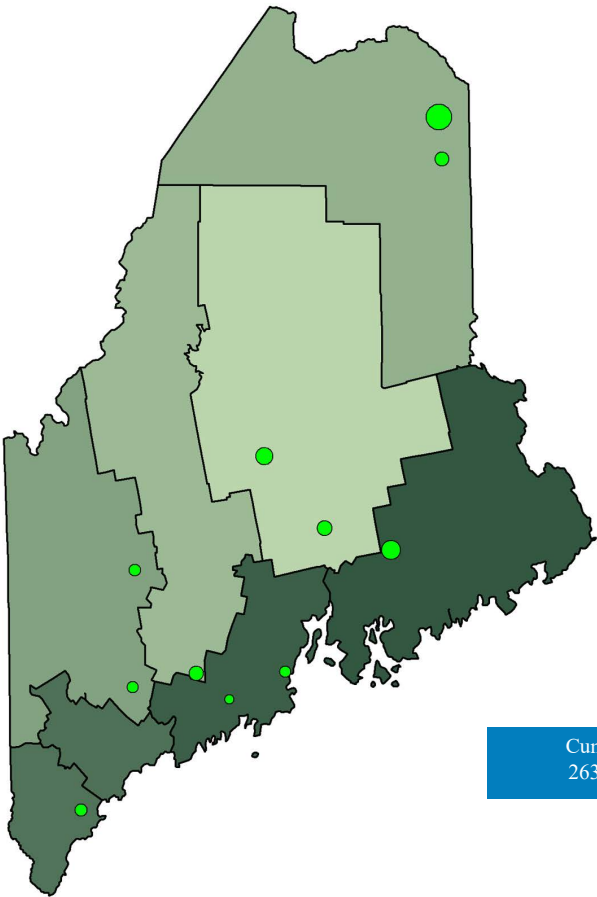
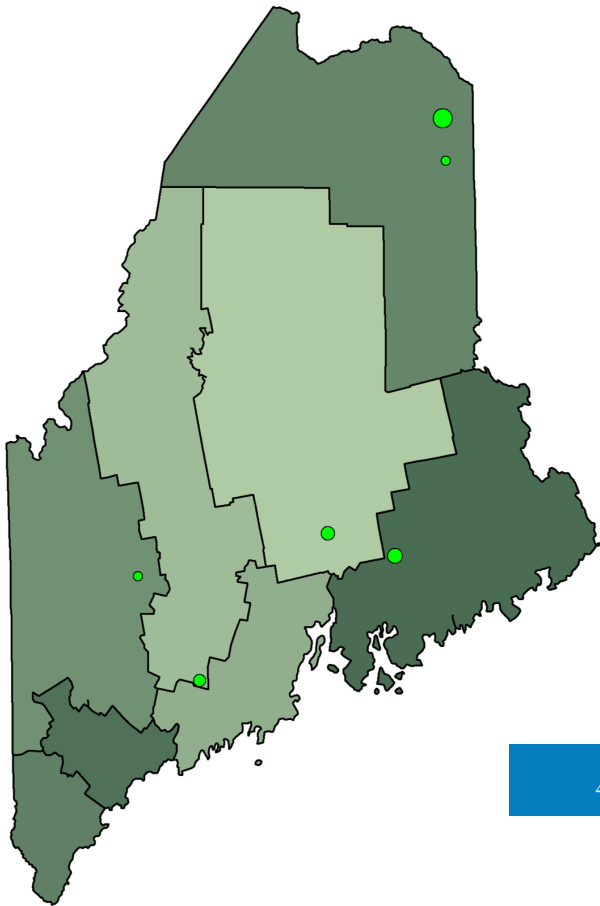


Public Consulting Group, 2022

Number of Prime for Life Universal Classes Conducted

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Map Legend

High School Alcohol Use Rates: MIYHS, 2017 & 2019

- 19.0% - 20.3%
- 20.4% - 21.7%
- 21.8% - 23.1%
- 23.2% - 24.5%
- 24.6% - 26.0%

Number of Prime for Life Universal Classes

- 1
- 30
- 60
- 90

Reading the Maps

The shades of green categorize public health districts according to the percentage of high school students who have reported using alcohol in the past 30 days (MIYHS, 2017 & 2019).

Each green dot represents the number of Prime for Life Universal classes conducted by funded partners in their service area between 2016 and 2021. A larger green dot indicates a funded partner implemented a greater number of classes. The Year 1 and Cumulative call-out boxes include the total number of Prime for Life Universal classes conducted in each specified time period.

This work is part of the [Maine Prevention Services Initiative](#).

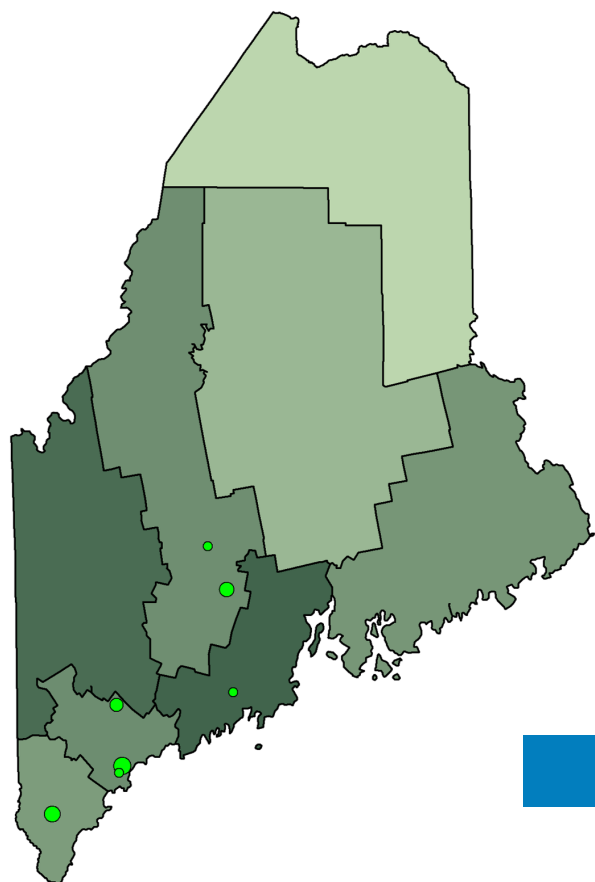


Public Consulting Group, 2022

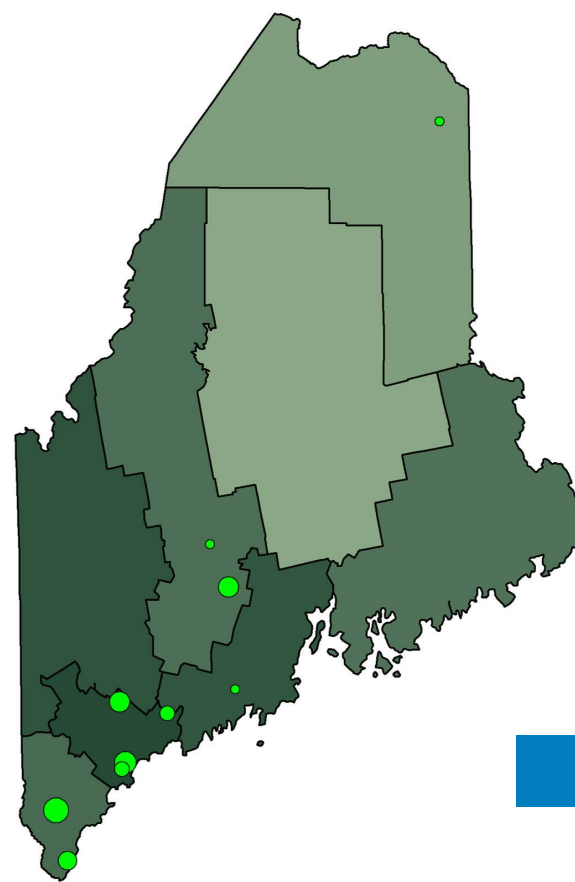
Number of Student Intervention Reintegration Program (SIRP) Classes Conducted

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Year 1:
17 Classes



Cumulative:
116 Classes

Map Legend

High School Marijuana Use Rates: MIYHS, 2017 & 2019

- 14.0% - 15.9%
- 16.0% - 17.9%
- 18.0% - 19.9%
- 20.0% - 21.9%
- 22.0% - 24.0%

Number of SIRP Classes

- 1
- 5
- 8
- 16
- 24

Reading the Maps

The shades of green categorize public health districts according to the percentage of high school students who have reported using marijuana in the past 30 days (MIYHS, 2017 & 2019).

Each green dot represents the number of Student Intervention Reintegration Program classes conducted by funded partners in their service area between 2016 and 2021. A larger green dot indicates a funded partner implemented a greater number of classes. The Year 1 and Cumulative call-out boxes include the total number of SIRP classes conducted in each specified time period.

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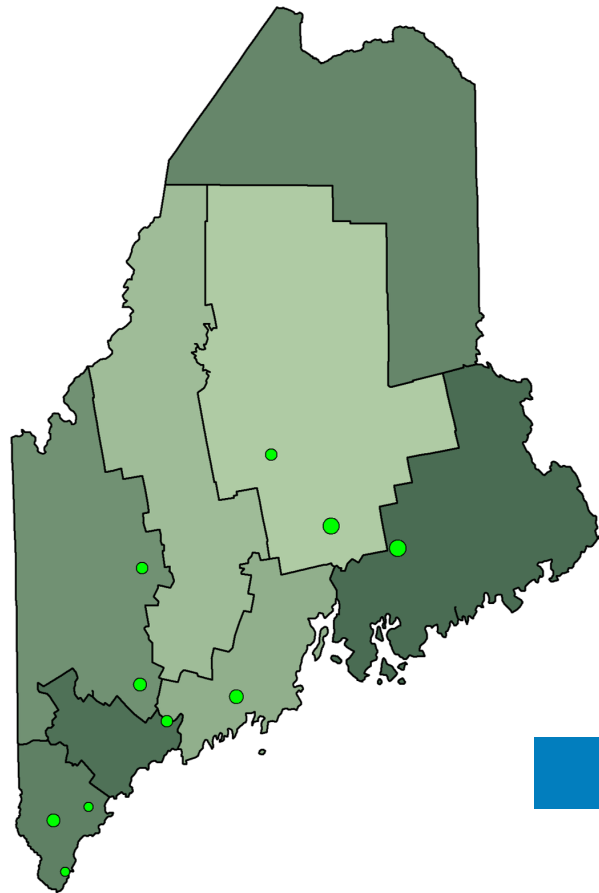


Public Consulting Group, 2022

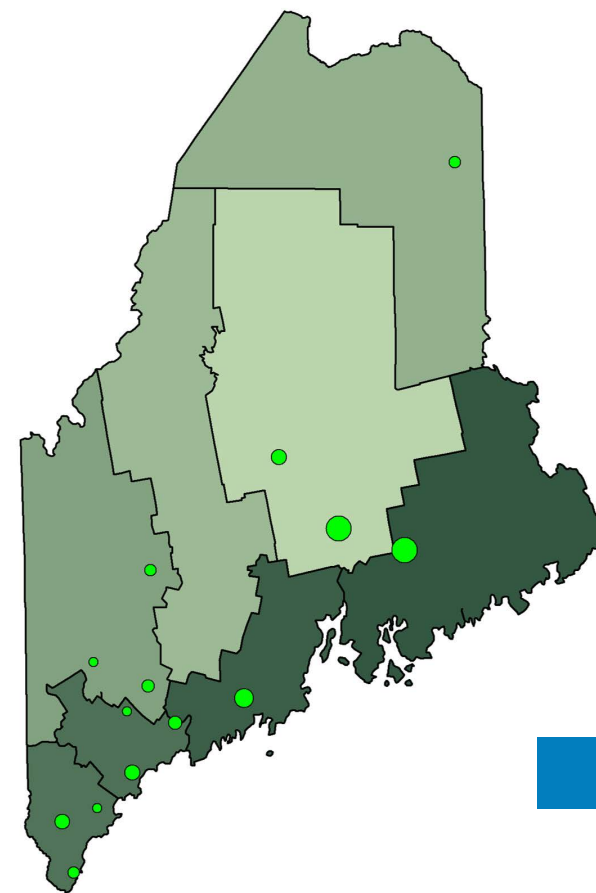
Number of Responsible Beverage Seller/Service (RBS) Trainings Conducted

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Year 1:
35 Trainings



Cumulative:
200 Trainings

Map Legend

High School Alcohol Use Rates: MIYHS, 2017 & 2019

- 19.0% - 20.3%
- 20.4% - 21.7%
- 21.8% - 23.1%
- 23.2% - 24.5%
- 24.6% - 26.0%

Number of RBS Trainings

- 1
- 15
- 30
- 45

Reading the Maps

The shades of green categorize public health districts according to the percentage of high school students who have reported using alcohol in the past 30 days (MIYHS, 2017 & 2019).

Each green dot represents the number of Responsible Beverage Service Trainings conducted by funded partners in their service area between 2016 and 2021. A larger green dot indicates a funded partner implemented a greater number of trainings. The Year 1 and Cumulative call-out boxes include the total number of RBS trainings conducted in each specified time period.

This work is part of the [Maine Prevention Services Initiative](#).

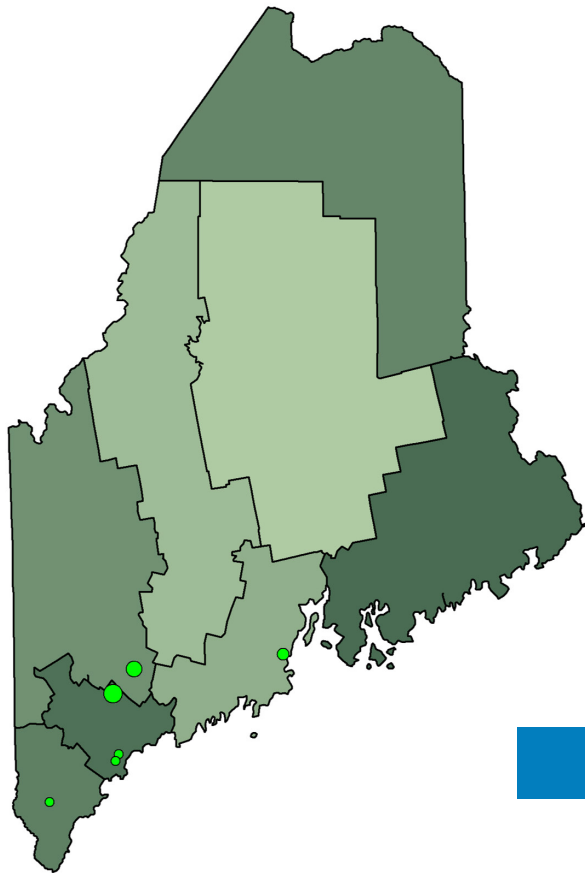


Public Consulting Group, 2022

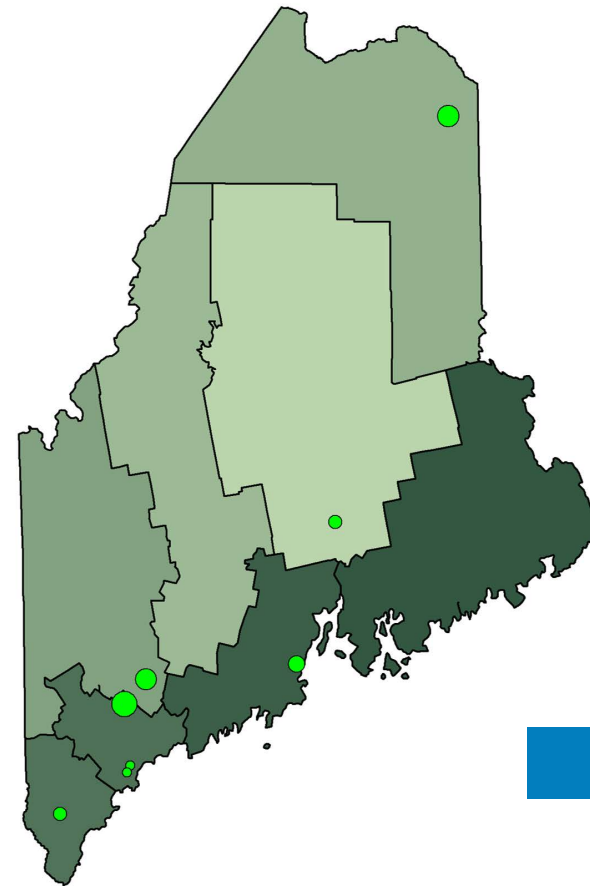
Number of Law Enforcement Details Implemented

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Year 1:
22 Details



Cumulative:
114 Details

Map Legend

High School Alcohol Use Rates: MIYHS, 2017 & 2019

- 19.0% - 20.3%
- 20.4% - 21.7%
- 21.8% - 23.1%
- 23.2% - 24.5%
- 24.6% - 26.0%

Number of Law Enforcement Details

- 1
- 11
- 22
- 33

Reading the Maps

The shades of green categorize public health districts according to the percentage of high school students who have reported using alcohol in the past 30 days (MIYHS, 2017 & 2019).

Each green dot represents the number of Law Enforcement Details conducted by funded partners in their service area between 2016 and 2021. A larger green dot indicates a funded partner implemented a greater number of details. The Year 1 and Cumulative call-out boxes include the total number of law enforcement details implemented in each specified time period.

This work is part of the [Maine Prevention Services Initiative](#).

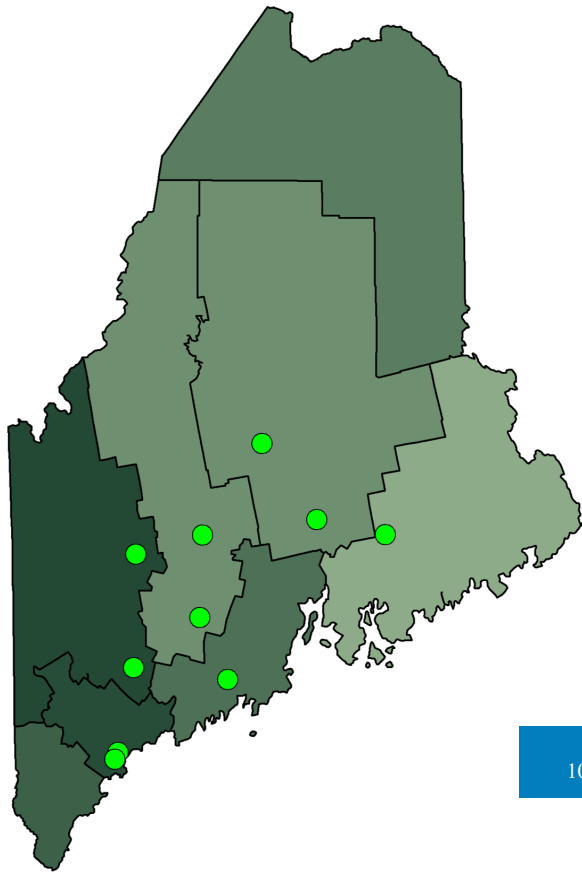


Public Consulting Group, 2022

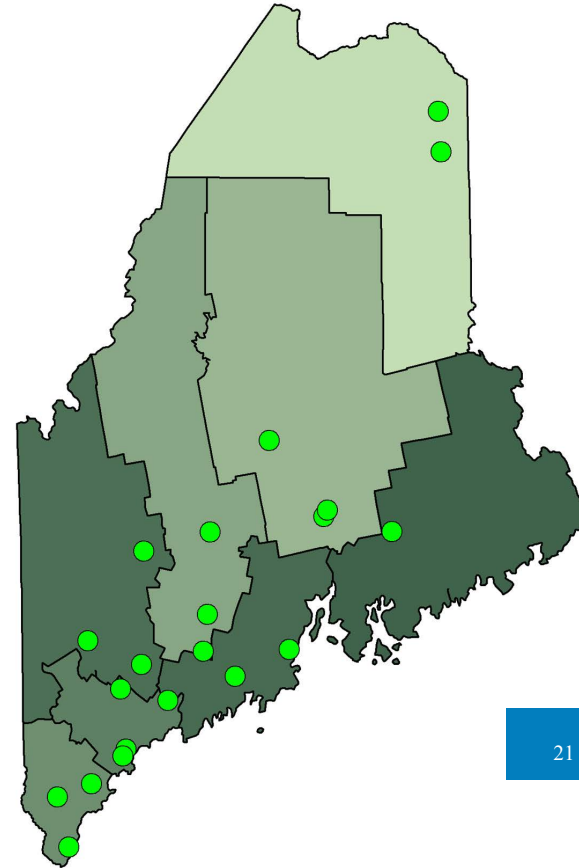
Number of Funded Partners that Implemented Drug Take-Back Efforts

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Year 1:
10 Funded Partners



Cumulative:
21 Funded Partners

Map Legend

High School Rx Drug Misuse Rates: MIYHS, 2017 & 2019

- 2.5% - 3.4%
- 3.5% - 4.4%
- 4.5% - 5.4%
- 5.5% - 6.4%
- 6.5% - 7.4%

Number of Funded Partners

● 1

Reading the Maps

The shades of green categorize public health districts according to the percentage of high school students who have reported misusing prescription drugs in the past 30 days (MIYHS, 2017 & 2019).

Each green dot represents the location of a funded partner that implemented Prescription Drug Take Back Efforts in their service area between 2016 and 2021. The Year 1 and Cumulative call-out boxes include the total number of funded partners that implemented drug take-back efforts in each specified time period.

This work is part of the [Maine Prevention Services Initiative](#).

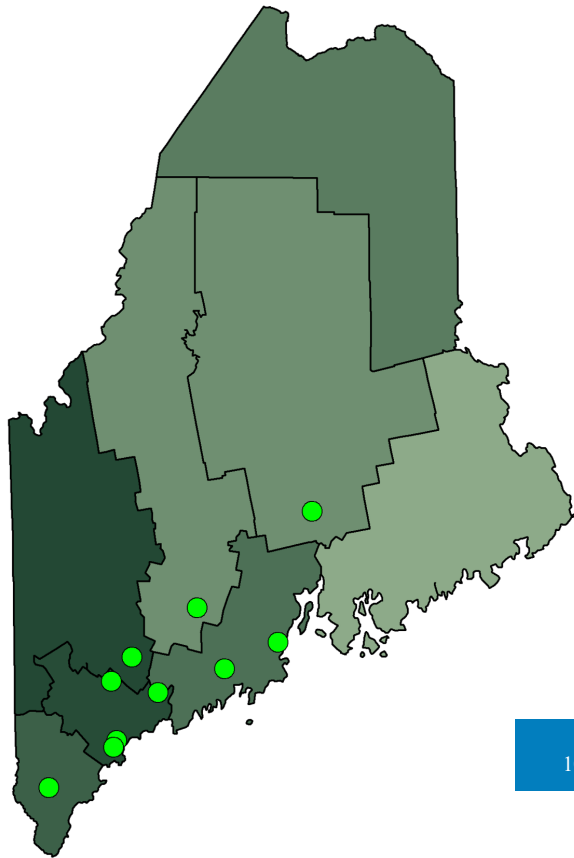


Public Consulting Group, 2022

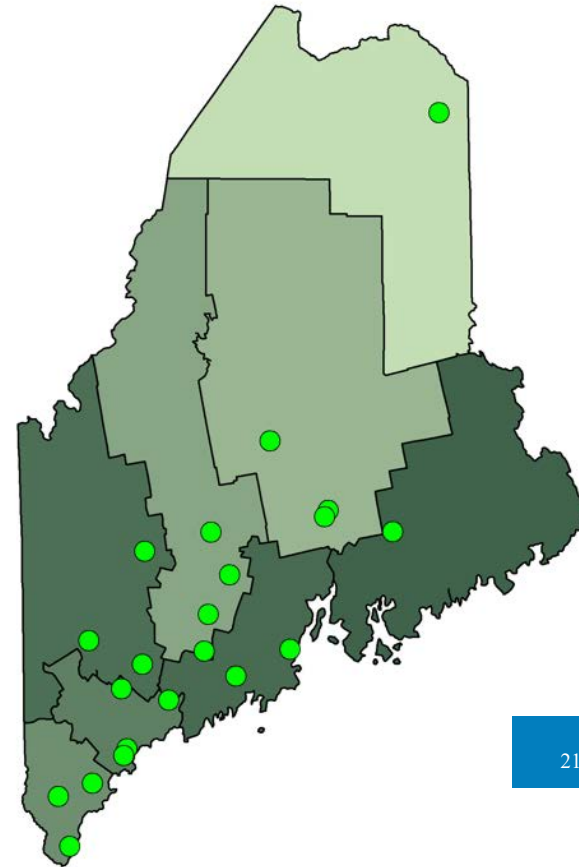
Number of Funded Partners that Implemented Safe Storage Efforts

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Year 1:
10 Funded Partners



Cumulative:
21 Funded Partners

Map Legend

High School Rx Drug Misuse Rates: MIYHS, 2017 & 2019

- 2.5% - 3.4%
- 3.5% - 4.4%
- 4.5% - 5.4%
- 5.5% - 6.4%
- 6.5% - 7.4%

Number of Funded Partners

● 1

Reading the Maps

The shades of green categorize public health districts according to the percentage of high school students who have reported misusing prescription drugs in the past 30 days (MIYHS, 2017 & 2019).

Each green dot represents the location of a funded partner that implemented Prescription Drug Safe Storage Efforts in their service area between 2016 and 2021. The Year 1 and Cumulative call-out boxes include the total number of funded partners that implemented safe storage efforts in each specified time period.

This work is part of the [Maine Prevention Services Initiative](#).



Public Consulting Group, 2022



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CHAPTER 2 TOBACCO USE AND EXPOSURE PREVENTION

Tobacco Use and Exposure Prevention

The MaineHealth Center for Tobacco Independence (CTI) works to address tobacco prevention and exposure utilizing both a statewide and community-based approach that is informed by U.S. CDC's evidence-based framework for comprehensive tobacco prevention and control. Their three goals are to prevent youth and young adults from initiating tobacco use; eliminate exposure to secondhand smoke; and promote tobacco treatment.

CTI provides oversight and support to its 15 funded partners, known as District Tobacco Prevention Partners (DTPPs), through technical assistance as well as a series of in-person and remote trainings (including those specific to categorical workplan implementation, monthly webinars, monitoring phone calls, and biannual site visits). CTI maintains a resource library/catalog that facilitates work in selected settings, including toolkits, rack cards, signs, and other education information. CTI is also responsible for statewide implementation and supportive efforts for initiatives such as Gold Star Standards of Excellence (GSSE) programs and the Smoke-free Homes Pledge.

The DTPPs work in their regions to implement tobacco use and exposure prevention strategies. One of the main strategies is working with school districts, youth-serving entities, municipalities, public places, lodging establishments, clinical sites, multi-unit housing/rental properties, and higher education institutions to promote the development, revision, and implementation of tobacco-free and smoke-free policies. In addition, CTI and the DTPPs provide trainings and technical assistance to youth groups and non-clinical providers on how to engage in respectful conversations with their peers and clients about tobacco use and promoting the Maine QuitLink as a tobacco treatment resource. Beginning in 2020, CTI also contracted with partners to undertake a formative assessment of tobacco use and prevention among the LGBTQ+ youth population in Maine.

Implementing a smoke- and tobacco-free policy is an evidence-based strategy shown to effectively:

- Reduce exposure to secondhand smoke.
- Reduce the prevalence of tobacco use.
- Increase the number of tobacco users who quit.
- Reduce initiation of tobacco use among young people.
- Reduce tobacco-related morbidity and mortality, including acute cardiovascular events.

Expanded Tobacco Funding. In Year 4 of the MPS Initiative (2019), CTI received additional funding through the tobacco Master Settlement Agreement, known in Maine as the Fund for a Healthy Maine, to implement additional strategies focused on commercial tobacco prevention. These strategies included:

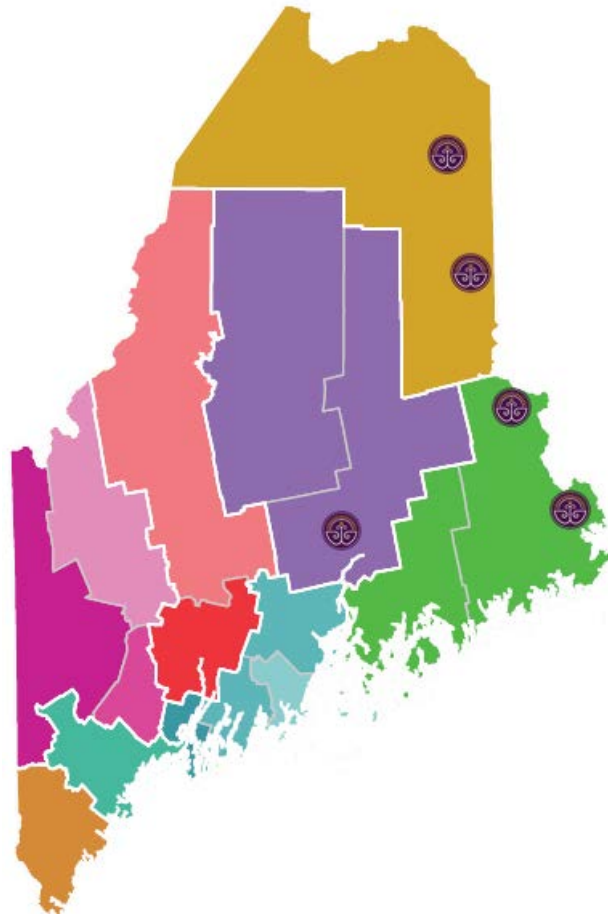
- Supporting schools to address student vaping and use of electronic nicotine delivery systems (ENDS).
- Assisting employers and workplaces to implement tobacco-free policies.
- Providing education to tobacco retailers on tobacco-related laws and policies.

For more information, please refer to [CTI's website](#).



Tobacco Prevention: Funded Partners by Service Area

Oct 2016 - Sept 2021



Map Legend

- Aroostook County Action Program
- Bangor Public Health and Community Services
- Coastal Healthcare Alliance
- Healthy Acadia
- Healthy Androscoggin
- Healthy Community Coalition
- Healthy Communities of the Capital Area
- Healthy Oxford Hills
- Knox County Community Health Coalition
- Mid Coast Hospital
- Partners for Healthier Communities
- Somerset Public Health
- The City of Portland Public Health Division
- Wabanaki Public Health and Wellness
- OUT Maine

Reading the Map

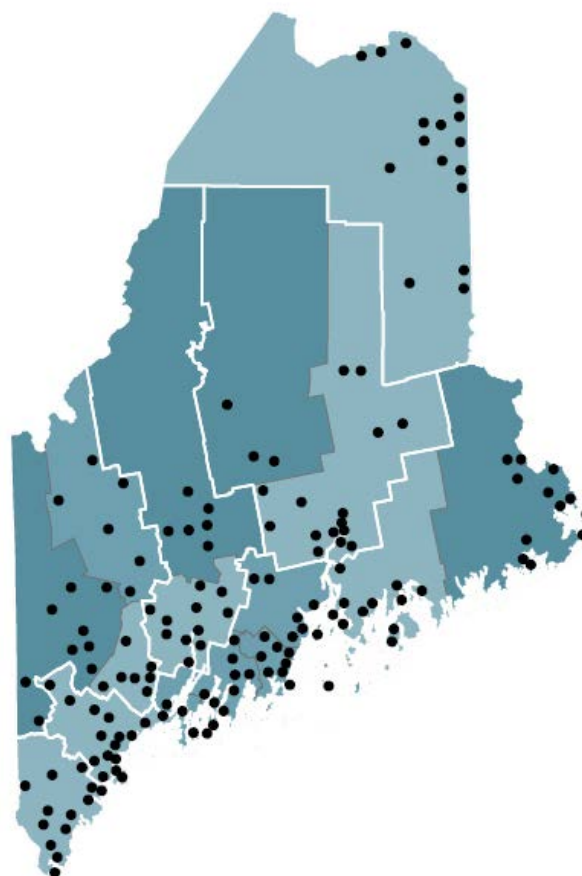
The [Center for Tobacco Independence](#) helps coordinate and lead the work of the funded Tobacco Use and Exposure Prevention Partners. The colors represent the areas where each of the funded partners conducted their Maine Prevention Services Initiative efforts between 2016 and 2021. Wabanaki Public Health and Wellness conducted efforts within tribal communities and OUT Maine conducted efforts statewide.



Partnerships For Health, 2022

Locations of School Districts that Received Technical Assistance and Sites that Received Sidekicks Trainings

Oct 2016 - Sept 2021



Map Legend

High School Tobacco Use: MIYHS, 2019

- 9.3% - 11.1%
- 11.2% - 12.9%
- 13.0% - 14.8%

● Town



Reading the Map

The shades of blue categorize counties according to the percent of high school students who smoked cigarettes or cigars or used smokeless tobacco products on one or more of the past 30 days (MIYHS, 2019). Surveillance data is not available for the Tribal Public Health District.

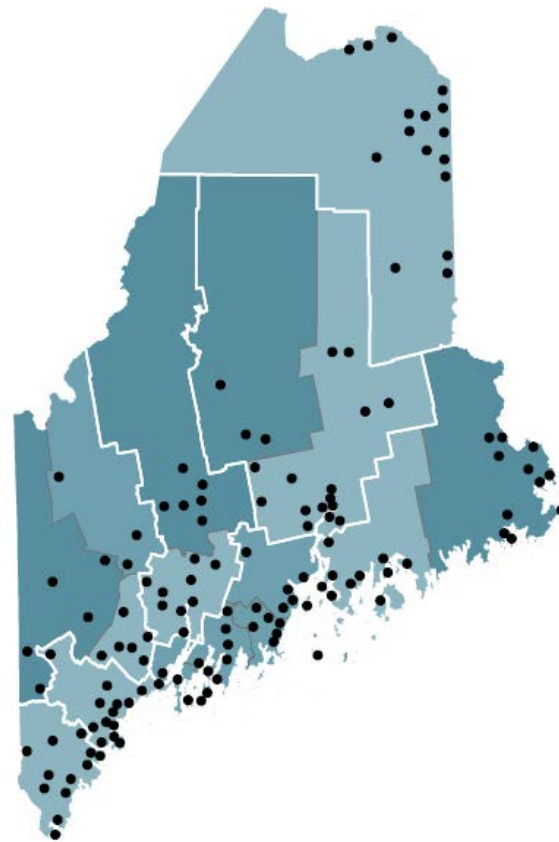
Each dot on the map shows a town with a school district that has received technical assistance (TA) and/or a site that has received Sidekicks trainings through engagement with the District Tobacco Prevention Partners between 2016 and 2021. A town may have multiple school districts and/or Sidekicks training sites that have received TA. The Cumulative call-out box includes the total number of school districts that received TA and Sidekicks trainings conducted between 2016 and 2021. The Tribal Communities call-out box includes the number of school districts that received TA and the number of Sidekicks trainings conducted within tribal communities between 2016 and 2021.

This work is part of the [Maine Prevention Services Initiative](#).

Partnerships For Health, 2022

Locations of School Districts that Received Technical Assistance

Oct 2016 - Sept 2021



Cumulative:
155 School Districts

Tribal Communities:
1 School District

Map Legend

High School Tobacco Use: MIYHS, 2019

- 9.3% - 11.1%
- 11.2% - 12.9%
- 13.0% - 14.8%

● Town



Reading the Map

The shades of blue categorize counties according to the percent of high school students who smoked cigarettes or cigars or used smokeless tobacco products on one or more of the past 30 days (MIYHS, 2019). Surveillance data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a school district that has received technical assistance to develop, revise, and/or implement tobacco policies through engagement with the District Tobacco Prevention Partners between 2016 and 2021. The Cumulative call-out box includes the total number of school districts that received TA between 2016 and 2021. The Tribal Communities call-out box includes the number of school districts within tribal communities that received TA between 2016 and 2021.

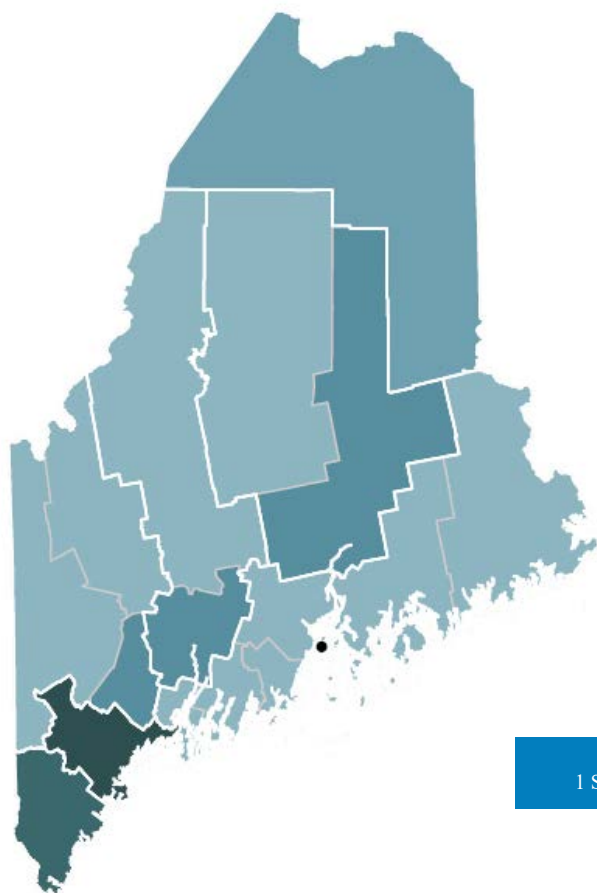
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Partnerships For Health, 2022

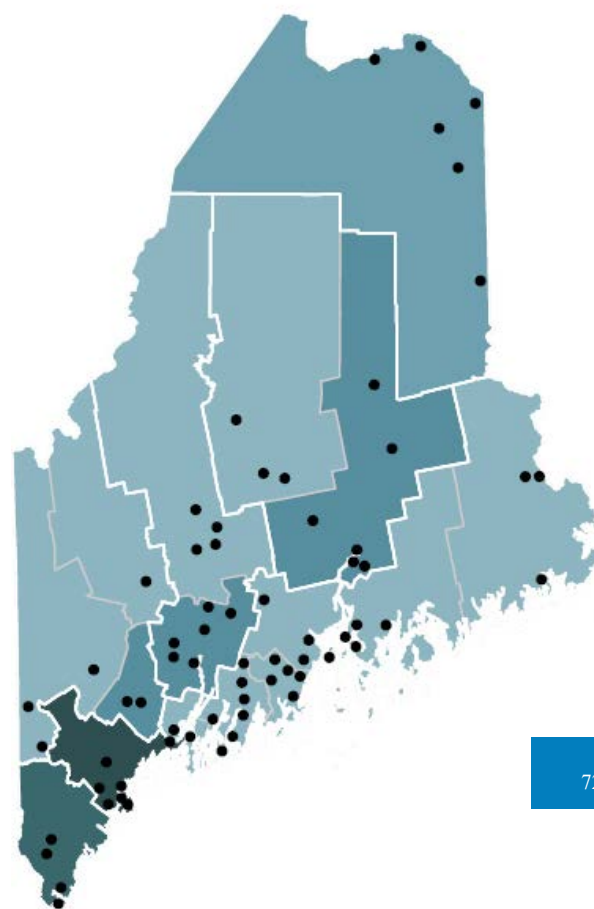
Locations of School Districts that Adopted New Tobacco Policies as a Result of Technical Assistance

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Year 1:
1 School District



Cumulative:
72 School Districts

Map Legend

Population of Children (5-18): US Census, 2017



● Town

Reading the Maps

The shades of blue categorize counties according to population of children between the ages of 5 and 18 in Maine (US Census, 2017). Census data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a school district that has adopted new tobacco policies through engagement with the District Tobacco Prevention Partners between 2016 and 2021. The Year 1 and Cumulative call-out boxes include the total number of school districts that adopted new policies in each specified time period.

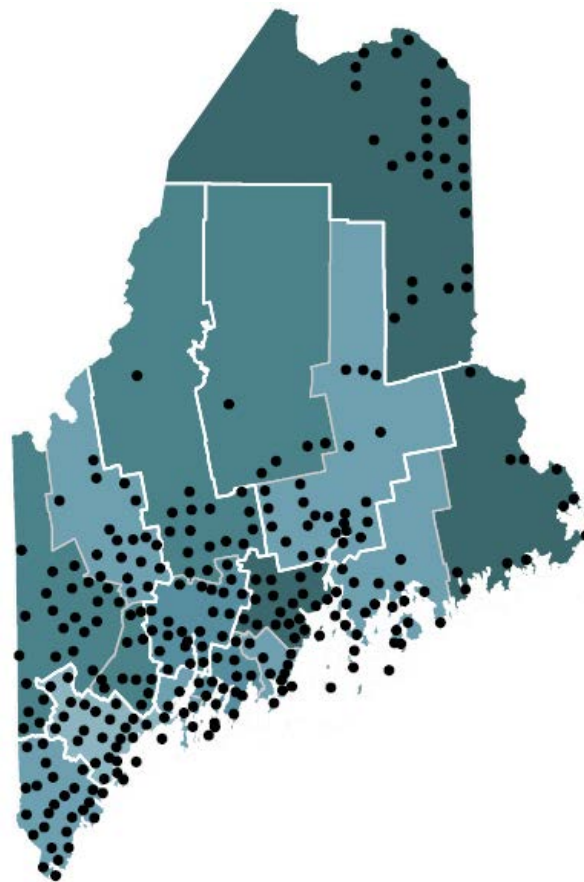
This work is part of the [Maine Prevention Services Initiative](#).



Partnerships For Health, 2022

Locations of Community Sites that Received Technical Assistance

Oct 2016 - Sept 2021



Cumulative:
1,319 Community Sites

Tribal Communities:
23 Community Sites

Map Legend

Adult Secondhand Smoke Exposure: BRFSS, 2013 - 2017



● Town



Reading the Map

The shades of blue categorize counties by the percent of adults who indicated that someone (including themselves) had smoked cigarettes, cigars, or pipes anywhere inside their home in the past 30 days (BRFSS, 2013 - 2017). Surveillance data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a community site that has received technical assistance to support the development, revision, and/or implementation of their tobacco policies through engagement with the District Tobacco Prevention Partners between 2016 and 2021. A town may have more than one community site that received TA. The Cumulative call-out box includes the total number of community sites that received TA between 2016 and 2021. The Tribal Communities call-out box includes the number of community sites within tribal communities that received TA between 2016 and 2021.

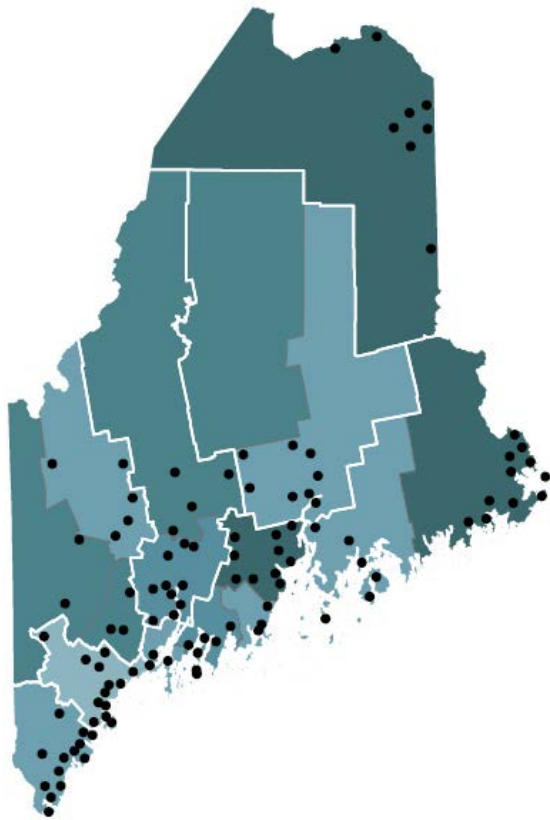
This work is part of the [Maine Prevention Services Initiative](#).

Community sites include clinical sites, higher education institutions, housing properties, municipalities/public places, and lodging establishments.

Partnerships For Health, 2022

Locations of Workplaces that Received Technical Assistance

Oct 2019 - Sept 2021



Cumulative:
385 Workplaces

Tribal Communities:
2 Workplaces

Map Legend

Adult Secondhand Smoke Exposure: BRFSS, 2013 - 2017

- 5.2% - 7.3%
 - 7.4% - 9.4%
 - 9.5% - 11.6%
 - 11.7% - 13.7%
 - 13.8% - 15.9%
- Town

Reading the Map

The shades of blue categorize counties by the percent of adults who indicated that someone (including themselves) had smoked cigarettes, cigars, or pipes anywhere inside their home in the past 30 days (BRFSS, 2013 - 2017). Surveillance data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a workplace that has received technical assistance to support the development, revision, and/or implementation of their tobacco policies through engagement with the District Tobacco Prevention Partners between 2019 and 2021. A town may have more than one workplace that received TA. The Cumulative call-out box includes the total number of workplaces that received TA. The Tribal Communities call-out box includes the number of workplaces within tribal communities that received TA.

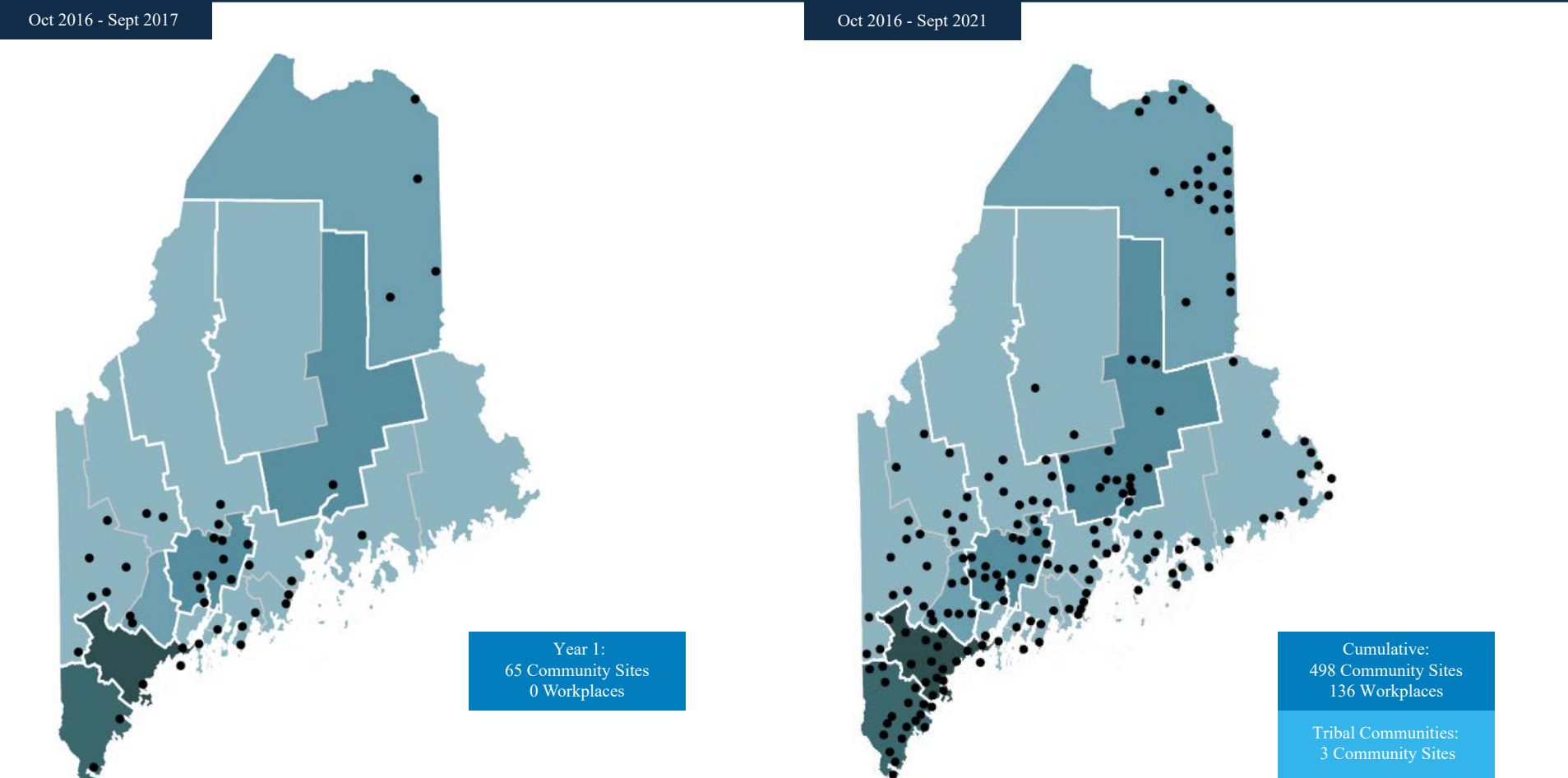
This work is part of the [Maine Prevention Services Initiative](#).

Workplaces are defined as all non-profit and for-profit businesses in Maine, excluding the MPS Comprehensive settings of clinical sites, school districts, youth-serving entities, higher education sites, housing properties, and municipalities/public places. Workplace engagement was a new strategy that began in Year 4 of the MPS Initiative.

Partnerships For Health, 2022



Locations of Community Sites and Workplaces that Adopted New Tobacco Policies as a Result of Technical Assistance



Map Legend

Total Population in Maine: US Census, 2017

- 16,836 - 62,747

62,748 - 108,659

108,660 - 154,571
- 154,572 - 200,483

200,484 - 246,395

246,396 - 292,307

● Town



Reading the Maps

The shades of blue categorize counties according to total population in Maine (US Census, 2017). Census data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a community site and/or workplace that has adopted new tobacco policies through engagement with the District Tobacco Prevention Partners between 2016 and 2021. A town may have more than one community site and/or workplace that adopted policies. The Year 1 and Cumulative call-out boxes include the total number of community sites and workplaces that adopted new policies in each specified time period. The Tribal Communities call-out box includes the number of sites within tribal communities that adopted new policies between 2016 and 2021.

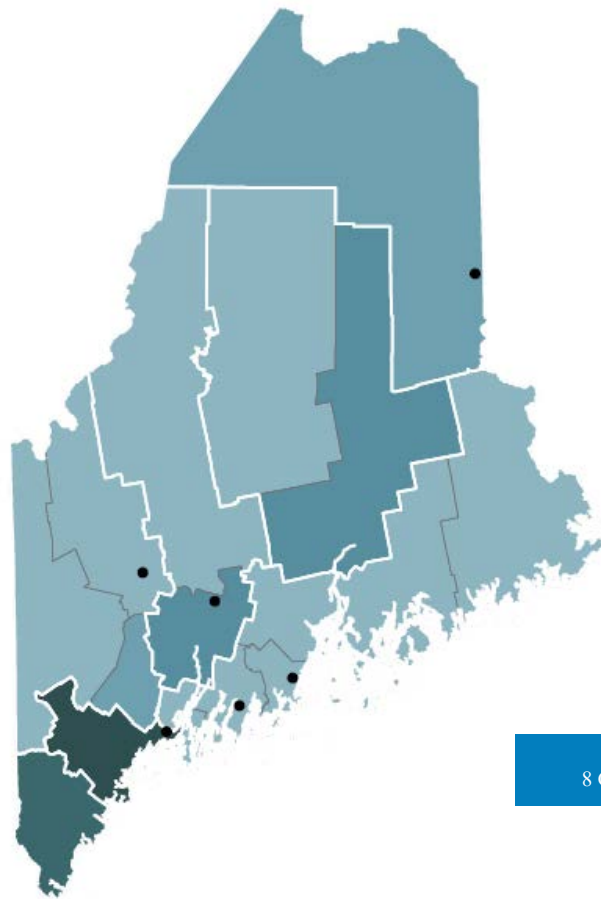
This work is part of the [Maine Prevention Services Initiative](#).

Community sites include clinical sites, higher education institutions, housing properties, municipalities/public places and lodging establishments. Workplaces include all non-profit and for-profit businesses in Maine. Workplace engagement was a new strategy that began in Year 4 of the MPS Initiative.

Partnerships For Health, 2022

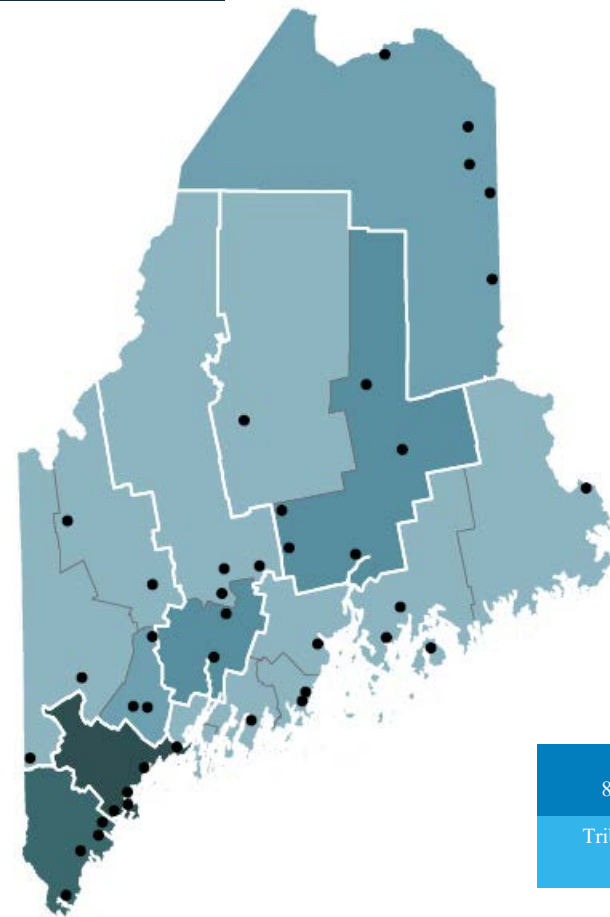
Locations of Clinical Sites that Adopted New Tobacco Policies as a Result of Technical Assistance

Oct 2016 - Sept 2017



Year 1:
8 Clinical Sites

Oct 2016 - Sept 2021



Cumulative:
86 Clinical Sites

Tribal Communities:
1 Clinical Site

Map Legend

Total Population in Maine: US Census, 2017



● Town



Reading the Maps

The shades of blue categorize counties according to total population in Maine (US Census, 2017). Census data is not available for the Tribal Public Health District.

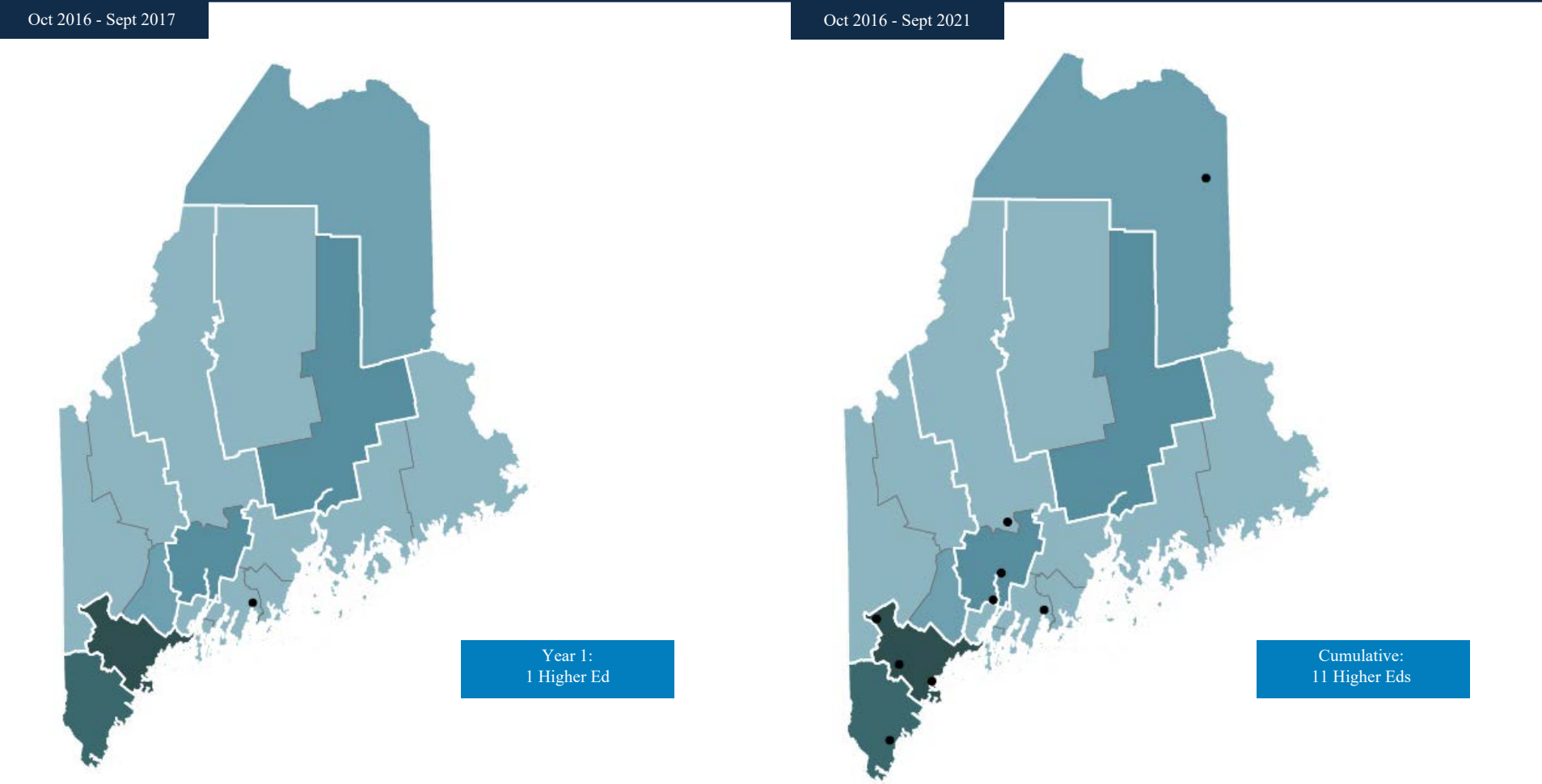
Each dot on the map shows a town with a clinical site that has adopted new policies that prohibit the use of tobacco products through engagement with the District Tobacco Prevention Partners between 2016 and 2021. A town may have multiple clinical sites that have adopted policies. The Year 1 and Cumulative call-out boxes include the total number of clinical sites that adopted new policies in each specified time period. The Tribal Communities call-out box includes the number of clinical sites within tribal communities that adopted new policies between 2016 and 2021.

This work is part of the [Maine Prevention Services Initiative](#).

Clinical sites include hospitals, tribal health centers, behavioral health sites, and other health/dental care agencies.

Partnerships For Health, 2022

Locations of Higher Education Institutions that Adopted New Tobacco Policies as a Result of Technical Assistance



Map Legend

Total Population in Maine: US Census, 2017

16,836 - 62,747	154,572 - 200,483
62,748 - 108,659	200,484 - 246,395
108,660 - 154,571	246,396 - 292,307

● Town

Reading the Maps

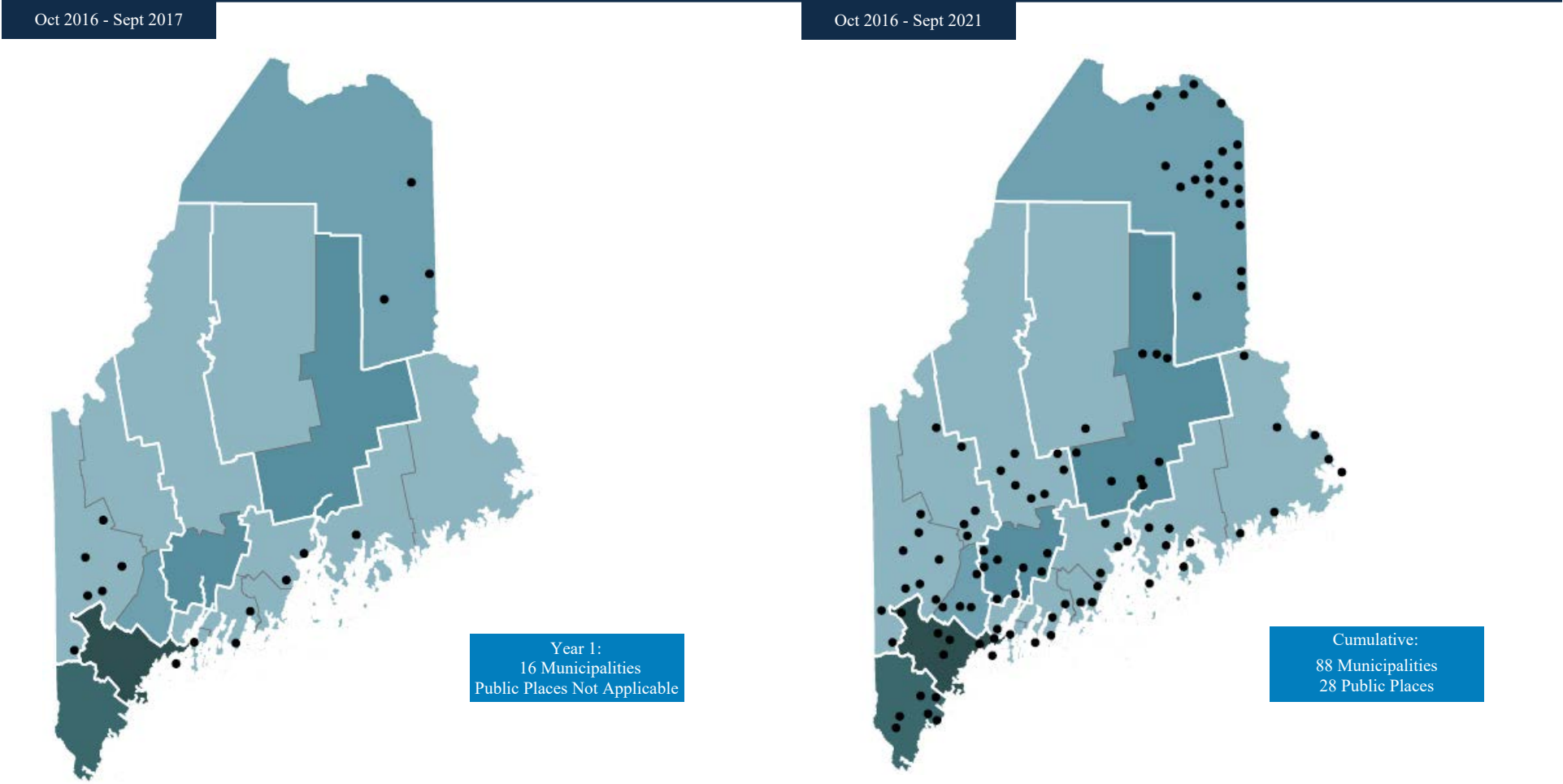
The shades of blue categorize counties according to total population in Maine (US Census, 2017). Census data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a higher education institution (Higher Eds) that has adopted new tobacco-free policies through engagement with the District Tobacco Prevention Partners between 2016 and 2021. A town may have multiple higher education institutions that have adopted policies. The Year 1 and Cumulative call-out boxes include the total number of institutions that adopted new policies in each specified time period.

This work is part of the [Maine Prevention Services Initiative](#).

Higher education institutions include both public and private post-secondary education institutions and proprietary schools in Maine.

Locations of Municipalities and Public Places that Adopted New Tobacco Policies as a Result of Technical Assistance



Map Legend

Total Population in Maine: US Census, 2017

16,836 - 62,747	154,572 - 200,483
62,748 - 108,659	200,484 - 246,395
108,660 - 154,571	246,396 - 292,307

● Town

Reading the Maps

The shades of blue categorize counties according to total population in Maine (US Census, 2017). Census data is not available for the Tribal Public Health District.

Each dot on the map shows a municipality and/or town with a public place that has adopted tobacco-related ordinances, policies or resolutions through engagement with the District Tobacco Prevention Partners between 2016 and 2021. While engagement with municipalities has been ongoing since the start of the MPS Initiative, work with public places began in Year 4. The Year 1 and Cumulative call-out boxes include the total number of sites that adopted new policies in each specified time period.

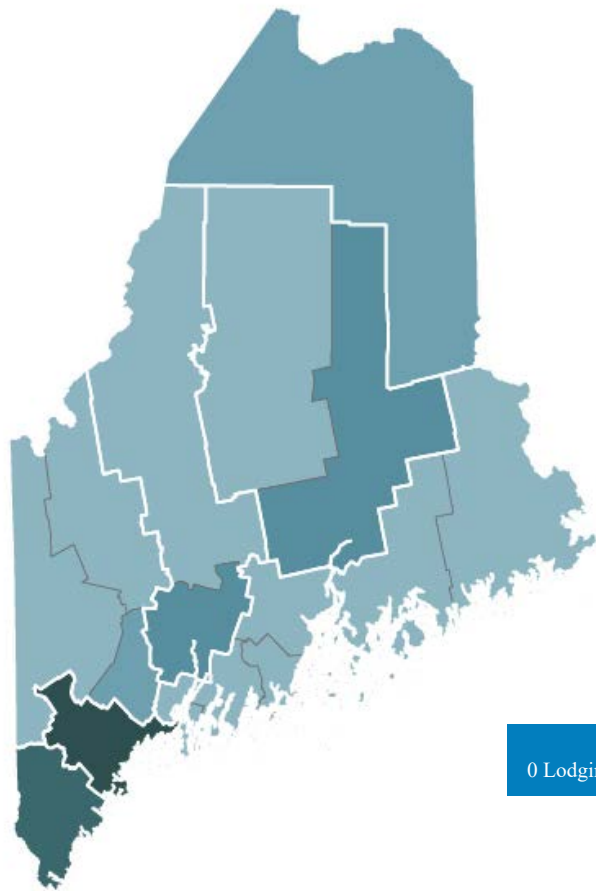
This work is part of the [Maine Prevention Services Initiative](#).

Municipalities include local / tribal governments. Public places are areas not owned or operated by the municipality they are within, such as land trusts, private beaches, etc.

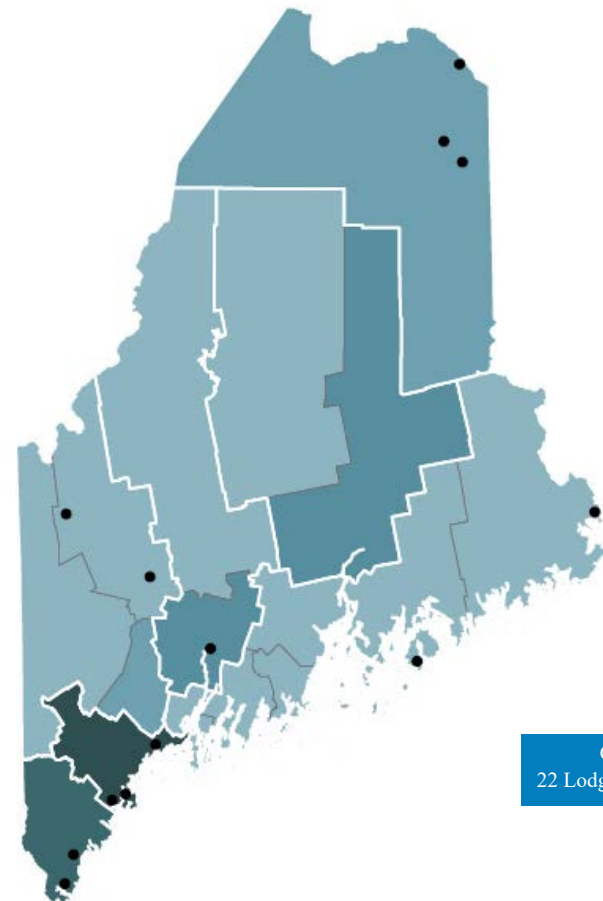
Locations of Lodging Establishments that Adopted New Tobacco Policies as a Result of Technical Assistance

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Year 1:
0 Lodging Establishments



Cumulative:
22 Lodging Establishments

Map Legend

Total Population in Maine: US Census, 2017



● Town



Reading the Maps

The shades of blue categorize counties according to total population in Maine (US Census, 2017). Census data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a lodging establishment that has adopted new smoke-free policies through engagement with the District Tobacco Prevention Partners between 2016 and 2021. A town may have multiple lodging establishments that have adopted policies. The Year 1 and Cumulative call-out boxes include the total number of lodging establishments that adopted new policies in each specified time period.

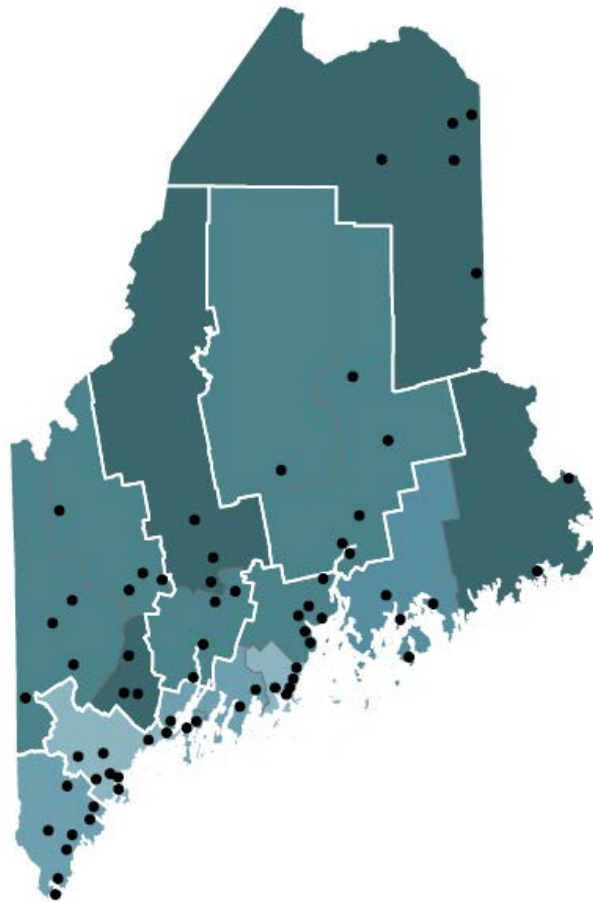
This work is part of the [Maine Prevention Services Initiative](#).

Lodging establishments are licensed sleeping accommodations in Maine that hold bed and breakfast licenses, lodging place licenses, and eating and lodging licenses. This may include bed and breakfasts, hotels, motels, etc. Beginning in Year 4 of the MPS Initiative, lodging establishments were incorporated into workplace policy efforts.

Partnerships For Health, 2022

Locations of Social Service and Animal Welfare Sites that Received Training or Technical Assistance

Oct 2016 - Sept 2021



Cumulative:
112 Social Service Sites
72 Animal Welfare Sites

Tribal Communities:
3 Social Service Sites

Map Legend

Adult Tobacco Use: BRFSS, 2013 -2017



● Town



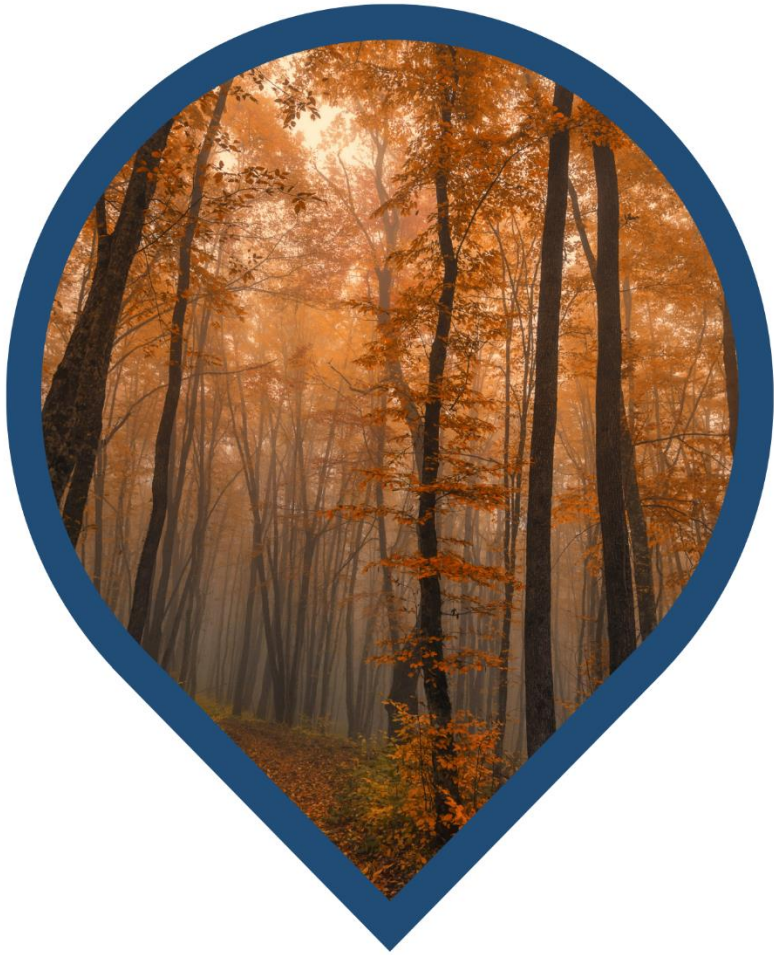
Reading the Map

The shades of blue categorize counties by the percent of adults who indicated they are currently using any tobacco products, including smokeless tobacco and excluding e-cigarettes (BRFSS, 2013 – 2017). Surveillance data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a social service or animal welfare site that received training or technical assistance on referrals to the Maine QuitLink through engagement with the District Tobacco Prevention Partners between 2016 and 2021. A town may have more than one social service and animal welfare site that received technical assistance. The Cumulative call-out box includes the total number of social service and animal welfare sites that received TA between 2016 and 2021. The Tribal Communities call-out box includes the number of sites within tribal communities that received TA between 2016 and 2021.

This work is part of the [Maine Prevention Services Initiative](#).

Partnerships For Health, 2022



Funded Partners by Service Area	31
<hr/>	
Number of Trainings by Focus Areas	32
<hr/>	
Locations of Active Youth Engagement Groups (YEGs)	33
<hr/>	
Number of Youth Engagement Groups and Youth Policy Boards by Focus Areas	34
<hr/>	
Number of Partnering Organizations by Focus Areas	35

Youth Engagement and Empowerment

The Opportunity Alliance's Maine Youth Action Network (MYAN) engages young people to identify prevention needs within their communities and supports youth in creating systems change to improve health. MYAN also provides training and technical assistance to leverage statewide networks of youth-adult partnerships and youth leadership development groups. Overall, MYAN's efforts aim to increase protective factors and resilience among youth and support young people in leading change to make their schools and communities healthier.

All work is grounded in positive youth development and social-emotional learning principles. MYAN sub-contracts with 9 district-level partners referred to as District Youth Coordinators (DYCs). These funded partners work in their regions to implement MYAN's strategies for youth engagement and leadership development.

These strategies include:

- Build capacity of adult advisors to sustain strength-based and trauma-informed partnerships with young people.
- Create Youth Policy Boards (YPBs) that focus on substance use prevention, youth mental health, and bullying prevention through participatory action research.
- Convene Youth Engagement Groups (YEGs) to develop youth leadership and encourage youth-led action on issues relevant to local communities.

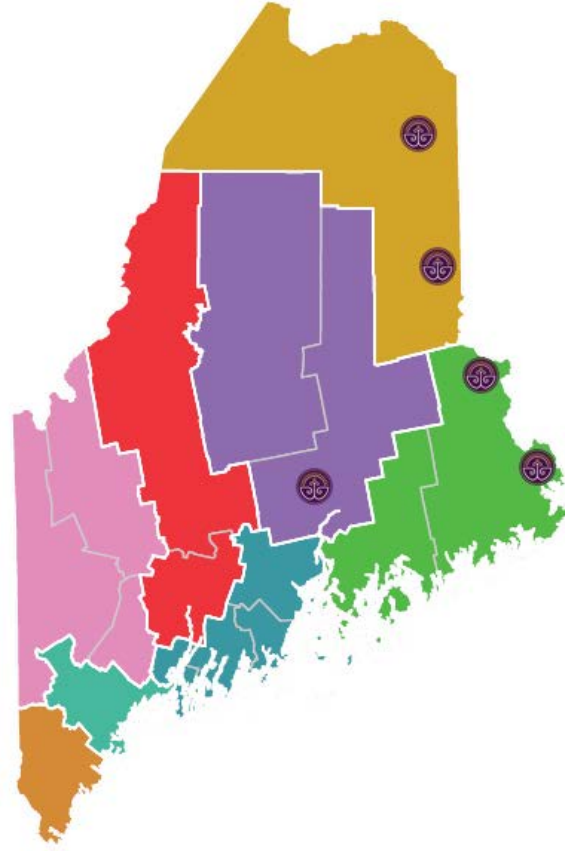
Expanded Tobacco Funding. In Year 4 of the MPS Initiative (2019), MYAN received additional funding through the tobacco Master Settlement Agreement, known in Maine as the Fund for a Healthy Maine, to implement additional strategies focused on commercial tobacco prevention. These strategies included:

- Supporting Sidekicks and training Sidekick groups to complete youth-led projects.
- Producing trainings that introduce restorative practices for student communities.
- Training youth groups to complete youth-led projects about restorative practices.
- Hosting trainings for school personnel and adult community partners to improve their use of restorative practices with youth.

For more information, please refer to [MYAN's website](#).

Youth Engagement & Empowerment: Funded Partners by Service Area

Oct 2016 - Sept 2021



Map Legend

- Aroostook Mental Health Center
- Healthy Acadia
- Healthy Community Coalition
- Healthy Communities of the Capital Area
- OUT Maine
- Partners for Healthier Communities
- Penquis Community Action Program
- The Opportunity Alliance
- Wabanaki Public Health and Wellness

Reading the Map

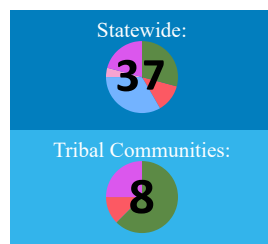
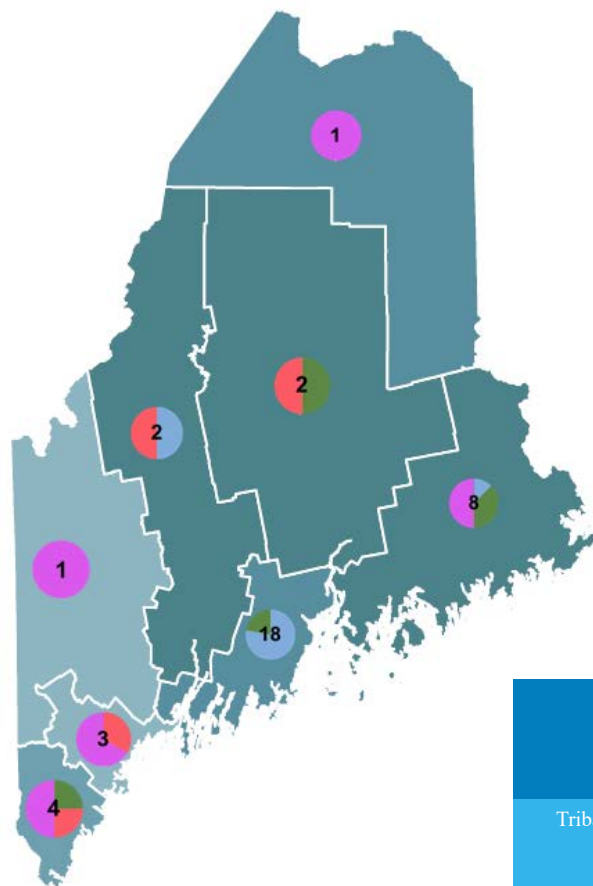
The [Maine Youth Action Network](#) helps coordinate and lead the work of the funded Youth Engagement and Empowerment Partners. The colors represent the areas where each of the funded partners conducted their Maine Prevention Services Initiative efforts between 2016 and 2021. Wabanaki Public Health and Wellness conducted efforts within tribal communities.



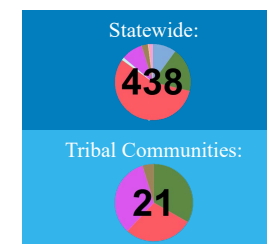
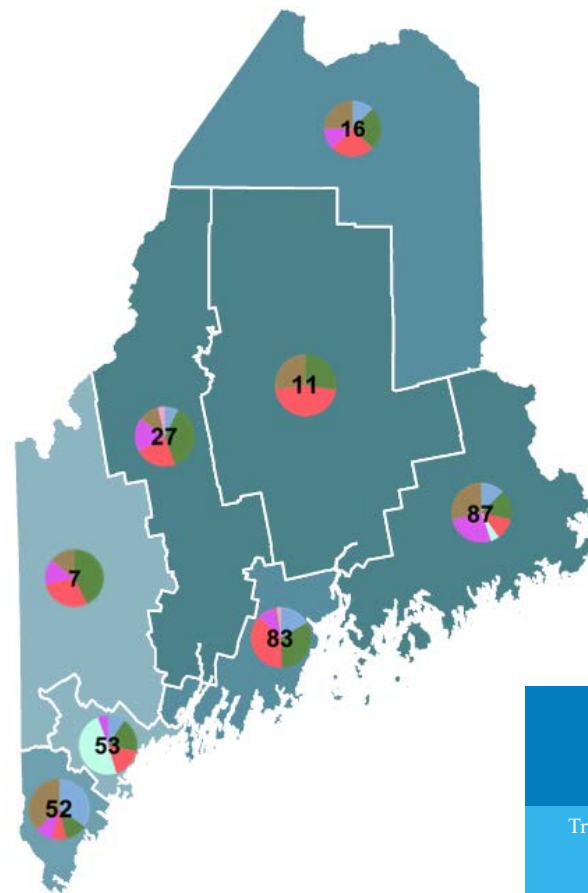
Partnerships For Health, 2022

Number of Trainings by Focus Areas

Oct 2016 - Sept 2017

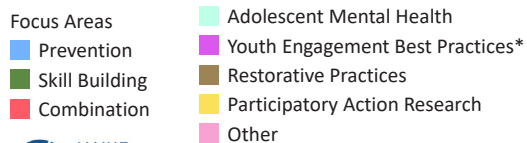
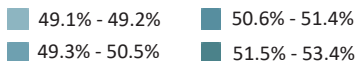


Oct 2016 - Sept 2021



Map Legend

High School Youth with Frequent Additional Adult Support: MIYHS, 2019



Reading the Maps

The shades of blue categorize public health districts by the percent of high school youth who reported having support from adults other than their parents 'most of the time' or 'always' (MIYHS, 2019). Surveillance data is not available for the Tribal Public Health District.

Each pie on the map shows the breakdown of trainings by focus areas for each public health district. The total number of trainings is shown by the number in the center. The call-out boxes include the number of statewide trainings and trainings that occurred with tribal communities in each specified time period.

This work is part of the [Maine Prevention Services Initiative](#).

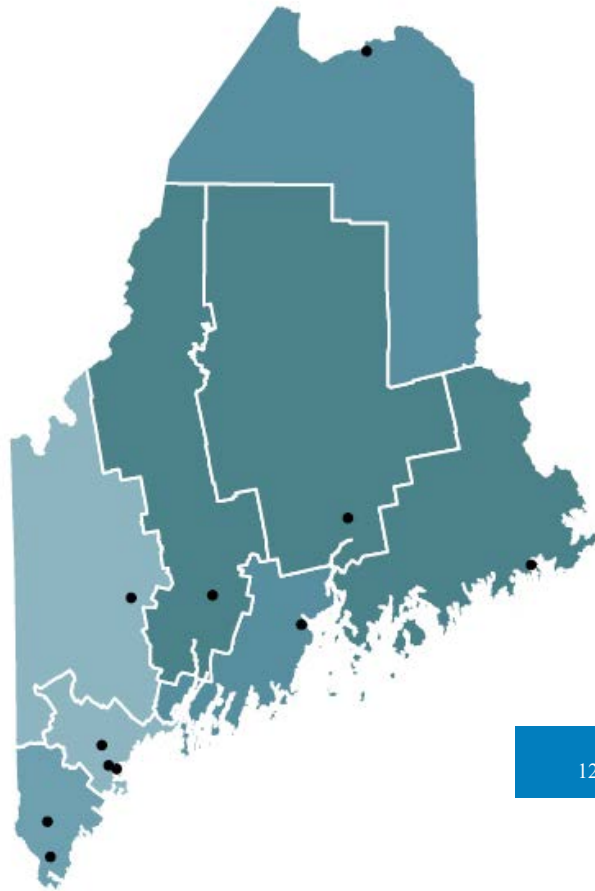
*There are multiple frameworks that support Youth Engagement Best Practices, including social emotional learning and positive youth development theory.

Partnerships For Health, 2022

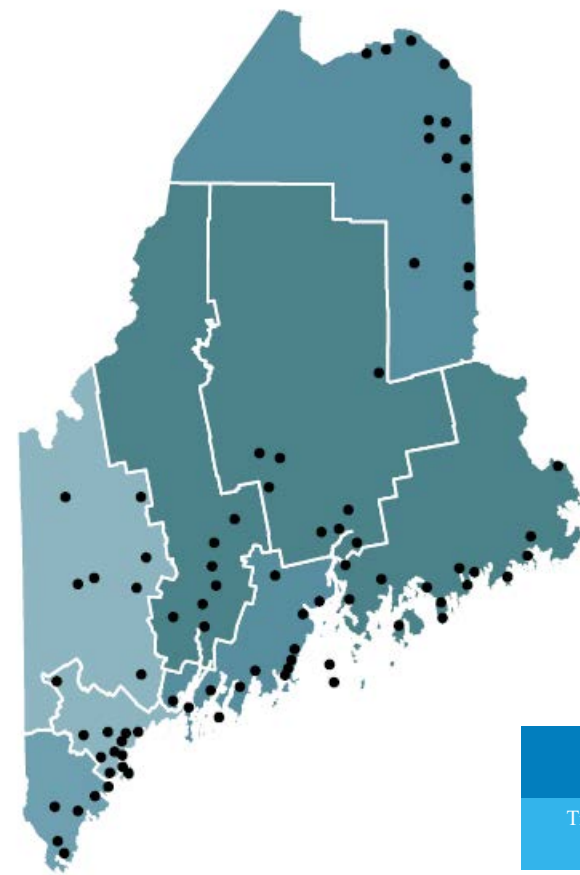
Locations of Active Youth Engagement Groups (YEGs)

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Year 1
12 Active YEGs



Cumulative:
197 Active YEGs

Tribal Communities:
8 Active YEGs

Map Legend

High School Youth with Frequent Additional Adult Support: MIYHS, 2019



● Town

Reading the Maps

The shades of blue categorize public health districts by the percent of high school youth who reported having support from adults other than their parents 'most of the time' or 'always' (MIYHS, 2019). Surveillance data is not available for the Tribal Public Health District.

Each dot on the map shows a town where youth participated in an active Youth Engagement Group from 2016 - 2021. A town may have multiple youth that participated in an active YEG. The Year 1 and Cumulative call-out boxes include the total number of active YEGs in each specified time period. The Tribal Communities call-out box includes the number of active YEGs in tribal communities between 2016 and 2021.

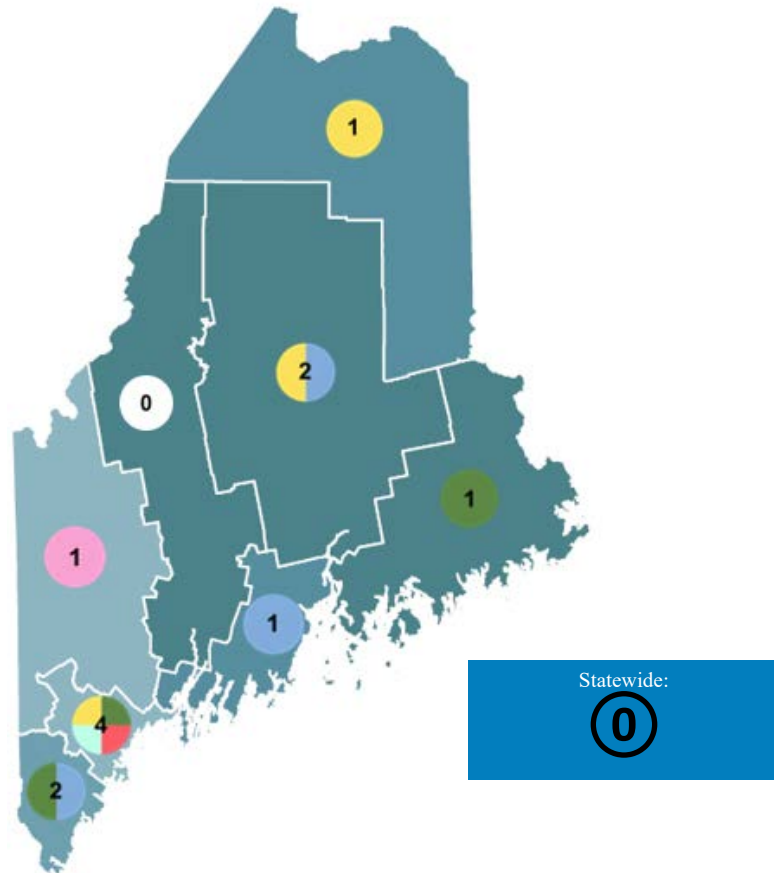
This work is part of the [Maine Prevention Services Initiative](#).



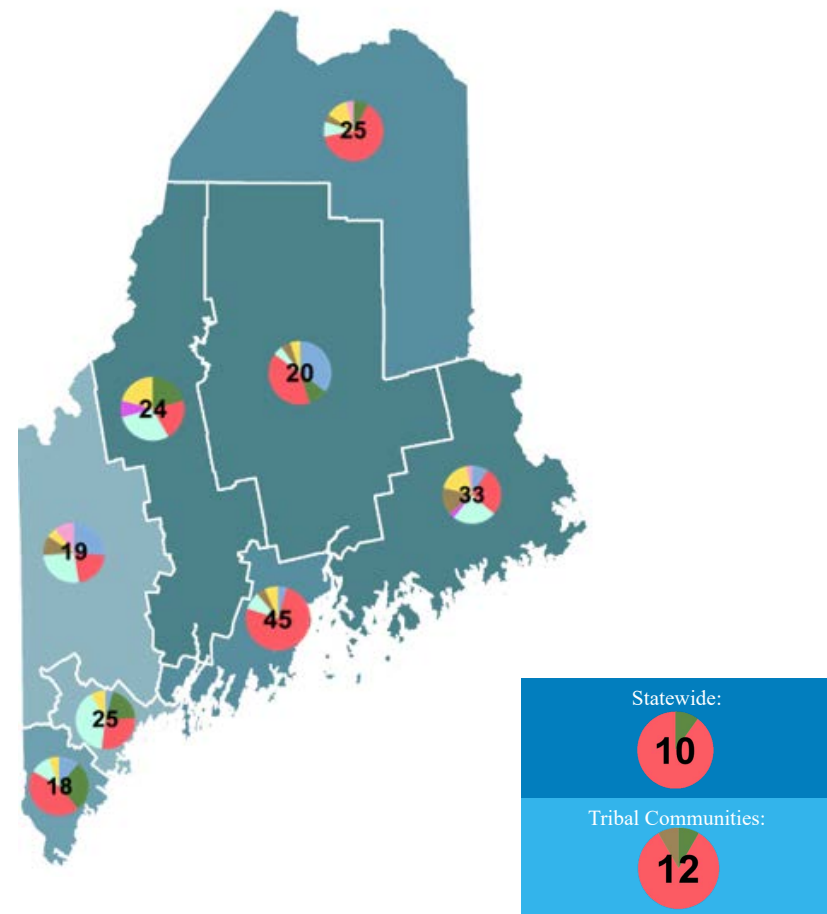
Partnerships For Health, 2022

Number of Youth Engagement Groups and Youth Policy Boards by Focus Areas

Oct 2016 - Sept 2017

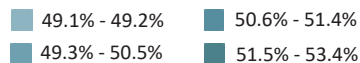


Oct 2016 - Sept 2021



Map Legend

High School Youth with Frequent Additional Adult Support: MIYHS, 2019



Focus Areas



Reading the Maps

The shades of blue categorize public health districts by the percent of high school youth who reported having support from adults other than their parents 'most of the time' or 'always' (MIYHS, 2019). Surveillance data is not available for the Tribal Public Health District.

Each pie on the map shows the breakdown of youth groups by focus areas for each public health district. The total number of groups is shown by the number in the center; this is the sum of Youth Engagement Groups and Youth Policy Boards. The Statewide call-out boxes for each specified time period include the number of youth groups that implemented state-level efforts, rather than public health district-level efforts. In addition, the Tribal Communities call-out box includes the number of youth groups that implemented efforts within tribal communities between 2016 and 2021.

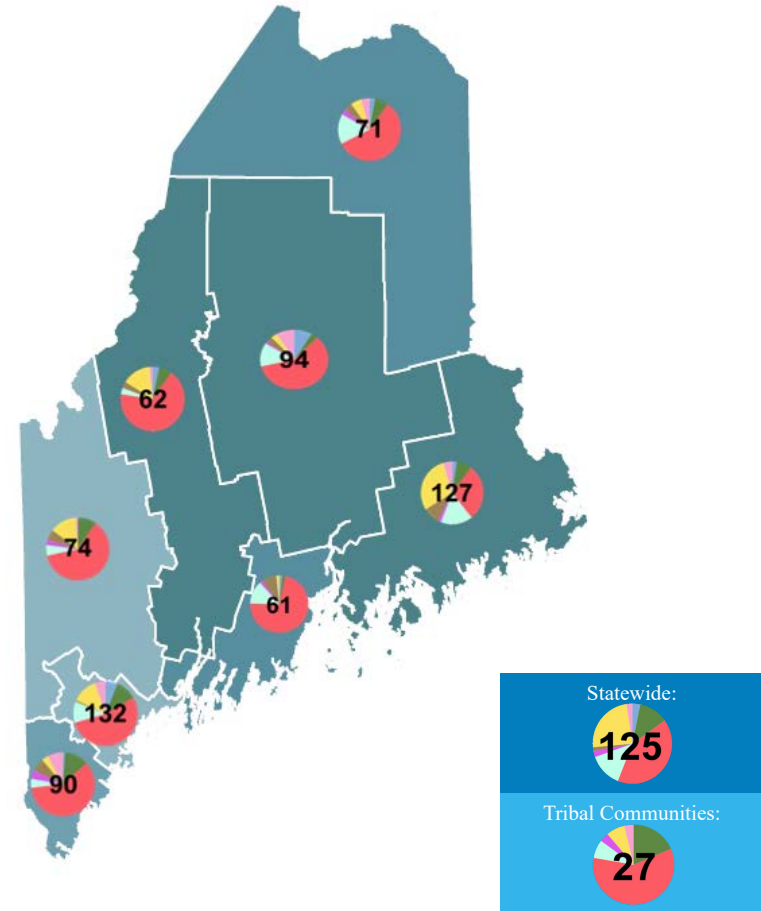
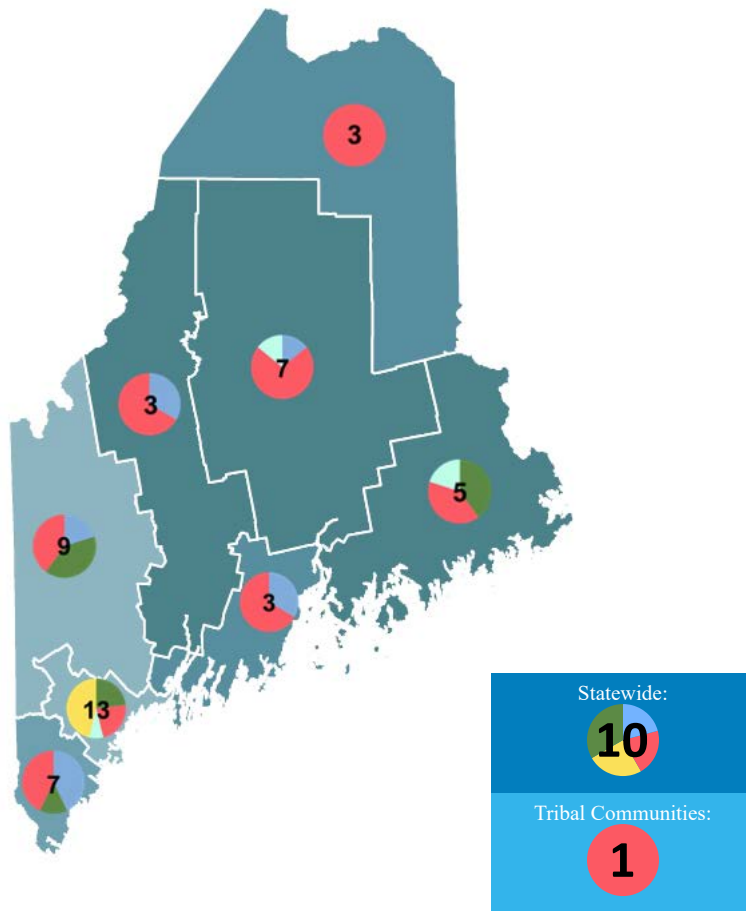
This work is part of the [Maine Prevention Services Initiative](#).

Partnerships For Health, 2022

Number of Partnering Organizations by Focus Areas

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021

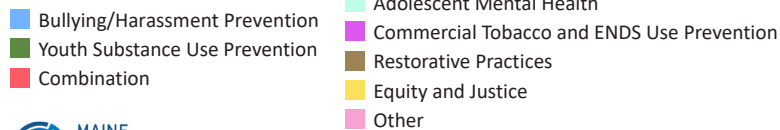


Map Legend

High School Youth with Frequent Additional Adult Support: MIYHS, 2019



Focus Areas



Reading the Maps

The shades of blue categorize public health districts by the percent of high school youth who reported having support from adults other than their parents 'most of the time' or 'always' (MIYHS, 2019). Surveillance data is not available for the Tribal Public Health District.

Each pie on the map shows the breakdown of unique partnering organizations by focus areas for each public health district. The total number of unique organizations is shown by the number in the center. The call-out boxes include the number of unique partnering organizations that worked across the state and within tribal communities within each specified time period.

This work is part of the [Maine Prevention Services Initiative](#).

Partnerships For Health, 2022



Funded Partners by Service Area	38
Locations of Schools that Received Technical Assistance or Professional Development	39
Locations of School Districts that Received Technical Assistance or Professional Development	40
Locations of Schools that Developed or Revised Healthy Eating and Active Living (HEAL) Action Plans as a Result of Technical Assistance	41
Locations of School Districts that Developed or Revised Healthy Eating and Active Living (HEAL) Action Plans as a Result of Technical Assistance	42
Locations of School Districts that Strengthened or Adopted Wellness Policies as a Result of Technical Assistance	43
Locations of Early Care and Education Sites that Received Technical Assistance or Professional Development	44
Locations of Early Care and Education Sites that Developed or Revised Healthy Eating and Active Living (HEAL) Action Plans as a Result of Technical Assistance	26
Locations of Clinical Sites that Received Technical Assistance	46

Obesity Prevention

MaineHealth Let's Go! focuses on working with communities to create environments that support healthy choices with the overall goals of creating healthier school and early care and education environments, as well as increasing clinical promotion of healthy eating and active living behaviors. Let's Go! sub-contracts with 15 local community implementation partners, known as Let's Go! Dissemination Partners. Each funded partner provides an organizational home for their communities' Let's Go! Coordinator(s) who works in their service area to implement Let's Go! strategies for obesity prevention.

Main strategies include working with school districts and in early care and education (ECE) sites to create healthier environments for youth through increasing implementation of evidence-based strategies and strengthening wellness policies. The strengthening of wellness policies in school districts and ECE sites is an evidence-based strategy shown to effectively:

- Increase consumption of fruit and vegetables.
- Increase physical activity during the school day.
- Decrease sugar-sweetened beverage consumption.
- Reduce recreational screen time.

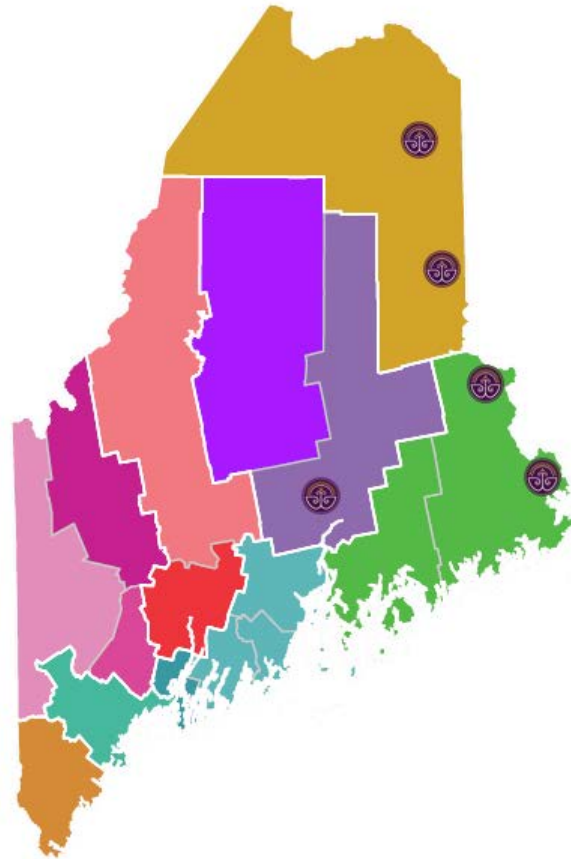
During the wellness policy process, Let's Go! reviews all wellness policies in the state and provides recommendations for how each school district can strengthen their policies to align with the Healthy Hunger-Free Kids Act. The funded partner then works with the school to revise the policy and bring it before the school board.

Let's Go! and the funded partners register school districts, as well as state licensed ECE sites and out-of-school sites with the Let's Go! Program; support school cafeterias in assessing their healthy food environments; assist school districts in the adoption, communication, and implementation of revised wellness policies; and recognize schools and ECE sites that have improved their nutrition and physical activity environments. Additionally, Let's Go!'s Healthcare team, based at the Central Office, work with health care practices across the state to ensure adherence to national standards on the prevention, assessment, and treatment of childhood obesity.

For more information, please refer to [Let's Go!'s website](#).

Obesity Prevention: Funded Partners by Service Area

Oct 2016 - Sept 2021



Map Legend

- Aroostook County Action Program
- Bangor Public Health and Community Services
- Coastal Healthcare Alliance
- Franklin Community Health Network
- Healthy Acadia
- Healthy Androscoggin
- Healthy Oxford Hills

- Healthy Communities of the Capital Area & Northern Light Inland Hospital
- Mid Coast Hospital
- Northern Light Mayo Hospital
- Somerset Public Health
- Southern Maine Health Care
- The City of Portland Public Health Division
- Wabanaki Public Health and Wellness

Reading the Map

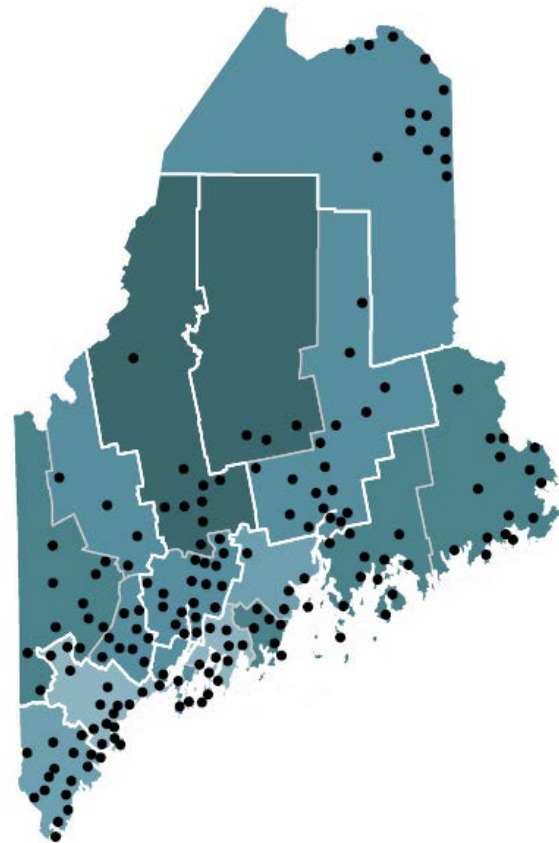
Let's Go! helps coordinate and lead the work of the funded Obesity Prevention Partners. The colors represent the areas where each of the funded partners conducted their Maine Prevention Services Initiative efforts between 2016 and 2021. Wabanaki Public Health and Wellness conducted efforts within tribal communities.



Partnerships For Health, 2022

Locations of Schools that Received Technical Assistance or Professional Development

Oct 2016 - Sept 2021



Cumulative:
276 Schools Received PD
427 Schools Received TA

Tribal Communities:
3 Schools Received PD
3 Schools Received TA

Map Legend

Middle School Rates of Overweight and Obesity: MIYHS, 2019



Reading the Map

The shades of blue categorize counties according to the percentage of middle school students who were either overweight or obese (MIYHS, 2019). Surveillance data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a school that has received technical assistance (TA) or professional development (PD) through engagement with the Let's Go! Coordinators between 2016 and 2021 to develop, revise, and/or implement wellness policies to align with the Healthy Hunger-Free Kids Act. A town may have more than one school that received TA or PD. The Cumulative call-out box includes the total number of schools that received PD or TA between 2016 and 2021. The Tribal Communities call-out box includes the number of schools within tribal communities that received PD or TA between 2016 and 2021.

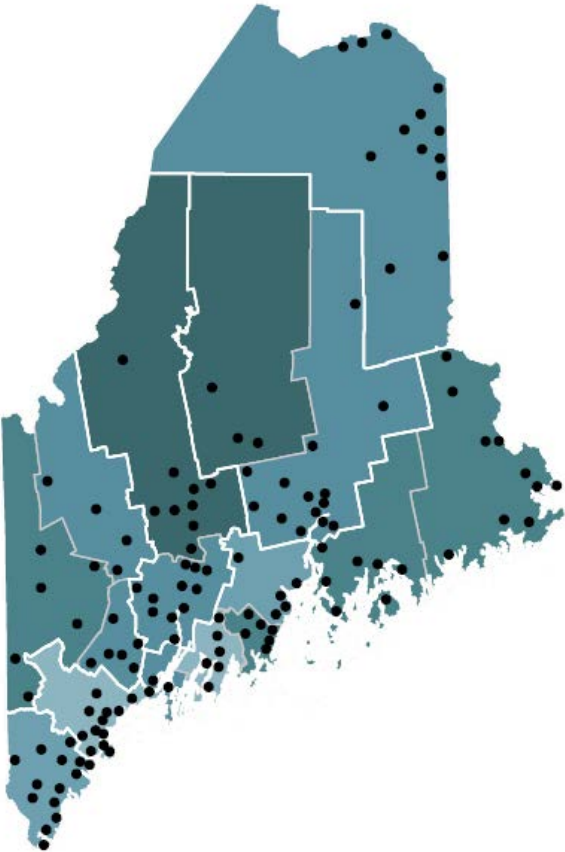
This work is part of the [Maine Prevention Services Initiative](#).



Partnerships For Health, 2022

Locations of School Districts that Received Technical Assistance or Professional Development

Oct 2016 - Sept 2021



Cumulative:
87 School Districts Received PD
125 School Districts Received TA

Tribal Communities:
1 School District Received PD
1 School District Received TA

Map Legend

- Middle School Rates of Overweight and Obesity: MIYHS, 2019
- 24.4% - 28.7%
 - 28.8% - 33.0%
 - 33.1% - 37.4%
 - 37.5% - 41.8%
 - 41.9% - 46.2%
 - Town

Reading the Map

The shades of blue categorize counties according to the percentage of middle school students who were either overweight or obese (MIYHS, 2019). Surveillance data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a school district that has received technical assistance or professional development through engagement with Let's Go! Coordinators between 2016 and 2021 to develop, revise, and/or implement wellness policies to align with the Healthy Hunger-Free Kids Act. The Cumulative call-out box includes the total number of school districts that received PD or TA between 2016 and 2021. The Tribal Communities call-out box includes the number of school districts within tribal communities that received PD or TA between 2016 and 2021.

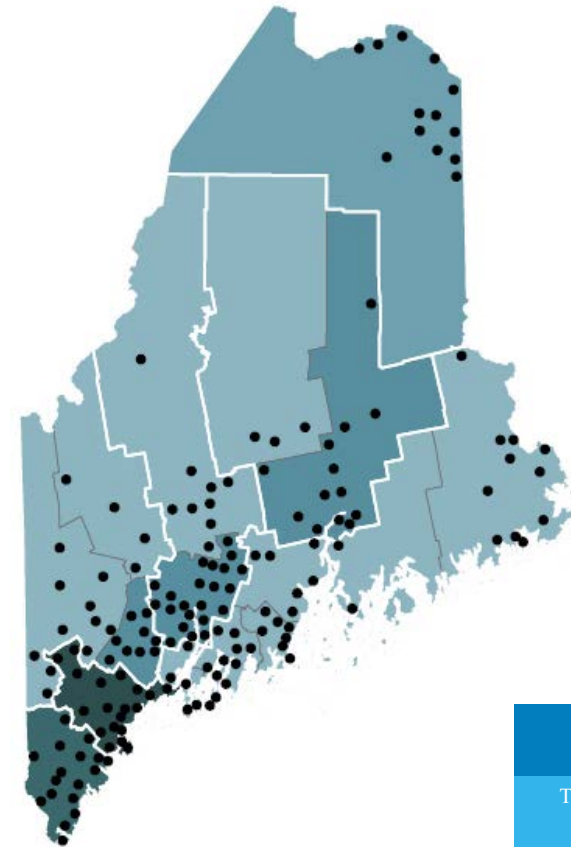
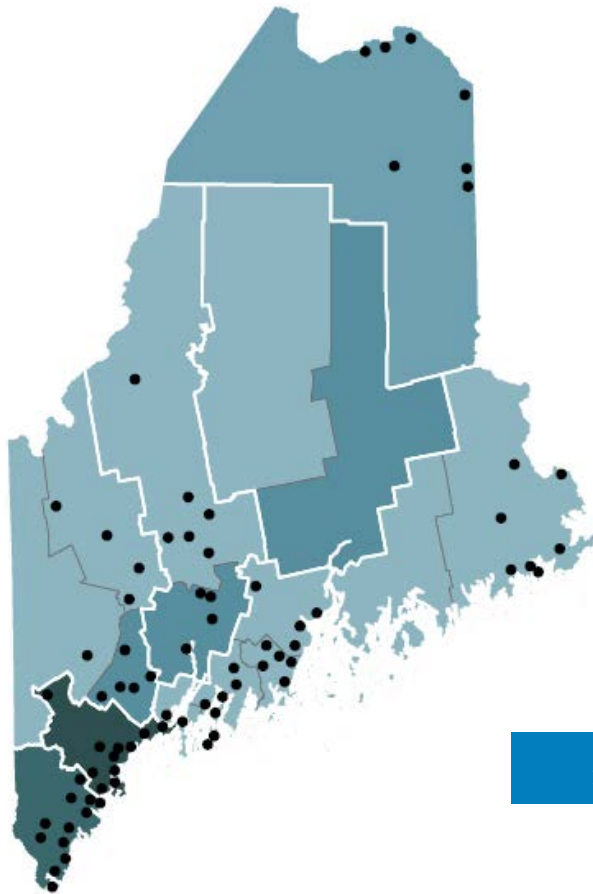
This work is part of the [Maine Prevention Services Initiative](#).



Locations of Schools that Developed or Revised Healthy Eating and Active Living (HEAL) Action Plans as a Result of Technical Assistance

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Map Legend

Population of Children (5-18): US Census, 2017



● Town

Reading the Maps

The shades of blue categorize counties according to population of children between the ages of 5 and 18 in Maine (US Census, 2017). Census data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a school that developed or revised a HEAL action plan through engagement with Let's Go! Coordinators between 2016 and 2021. A town may have more than one school that developed or revised HEAL action plans. The Year 1 and Cumulative call-out boxes include the total number of schools that developed or revised HEAL action plans in each specified time period. The Tribal Communities call-out box includes the number of schools within tribal communities that developed or revised HEAL action plans between 2016 and 2021.

This work is part of the [Maine Prevention Services Initiative](#).

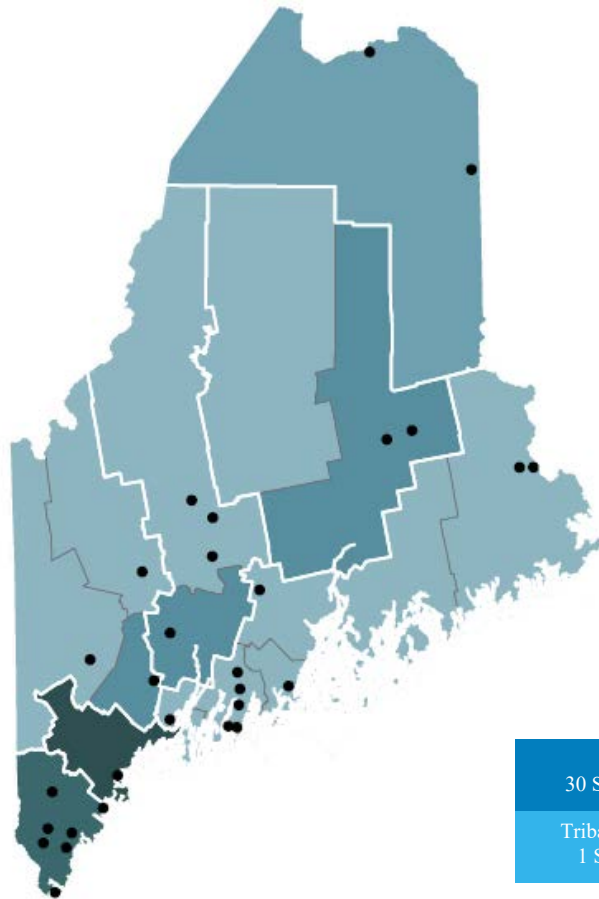


Partnerships For Health, 2022

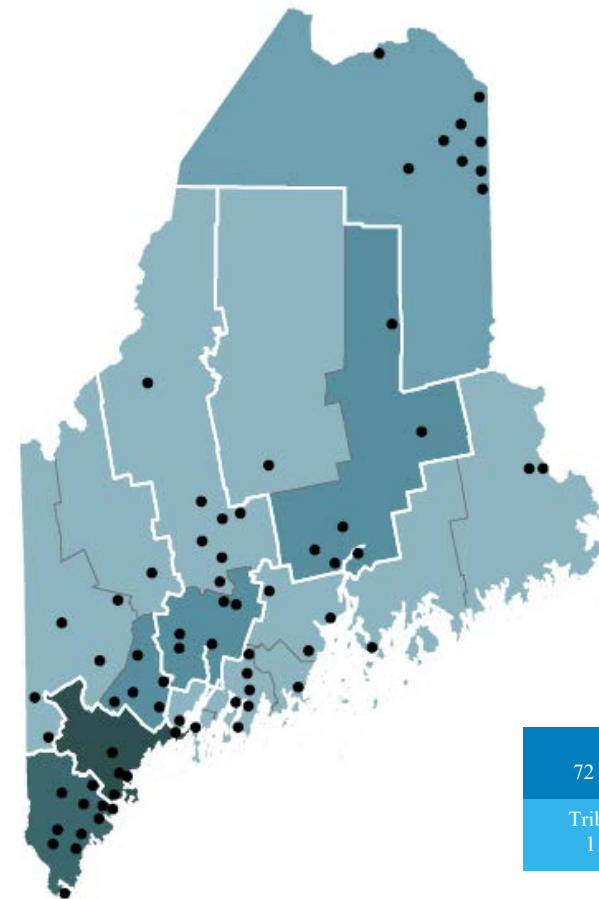
Locations of School Districts that Developed or Revised Healthy Eating and Active Living (HEAL) Action Plans as a Result of Technical Assistance

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Year 1:
30 School Districts
Tribal Communities:
1 School District



Cumulative:
72 School Districts
Tribal Communities:
1 School District

Map Legend

Population of Children (5-18): US Census, 2017



● Town

Reading the Maps

The shades of blue categorize counties according to population of children between the ages of 5 and 18 in Maine (US Census, 2017). Census data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a school district that developed or revised a HEAL action plan through engagement with Let's Go! Coordinators between 2016 and 2021. The Year 1 and Cumulative call-out boxes include the total number of school districts that developed or revised HEAL action plans in each specified time period. The Tribal Communities call-out boxes include the number of school districts within tribal communities that developed or revised HEAL action plans in each specified time period.

This work is part of the [Maine Prevention Services Initiative](#).

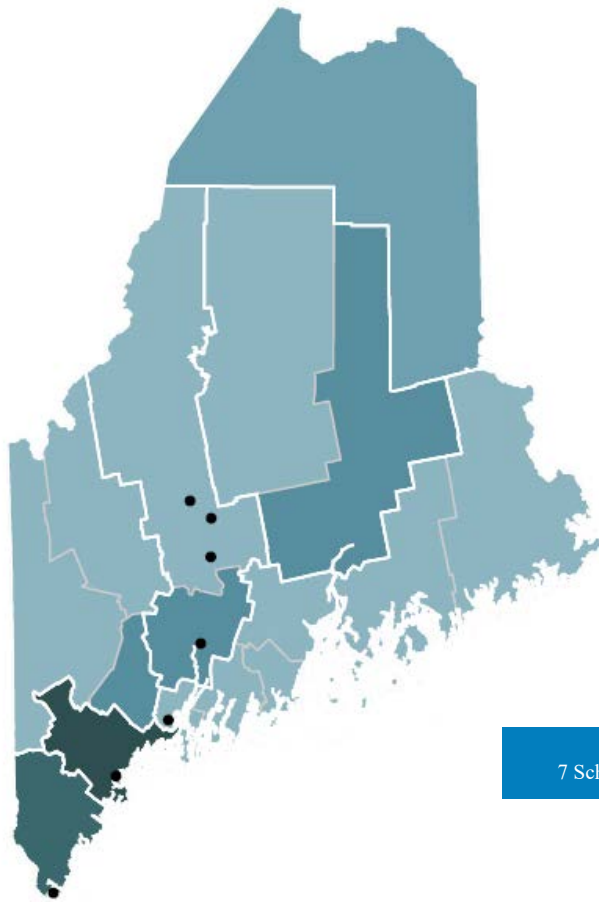


Partnerships For Health, 2022

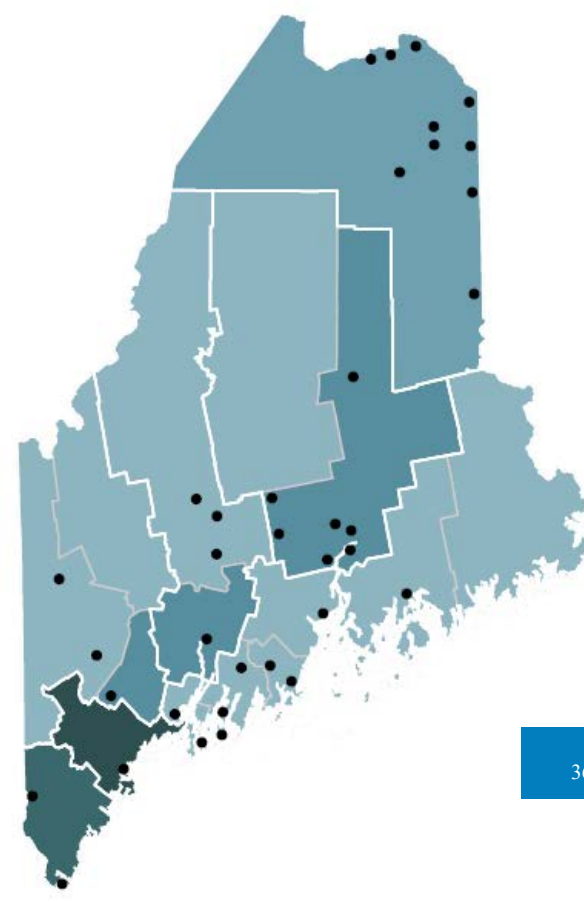
Locations of School Districts that Strengthened or Adopted Wellness Policies as a Result of Technical Assistance

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Year 1:
7 School Districts



Cumulative:
36 School Districts

Map Legend

Population of Children (5-18): US Census, 2017



● Town

Reading the Maps

The shades of blue categorize counties according to population of children between the ages of 5 and 18 in Maine (US Census, 2017). Census data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a school district that has strengthened or adopted wellness policies through engagement with the Let's Go! Coordinators between 2016 and 2021. The Year 1 and Cumulative call-out boxes include the total number of school districts that strengthened or adopted a policy in each specified time period.

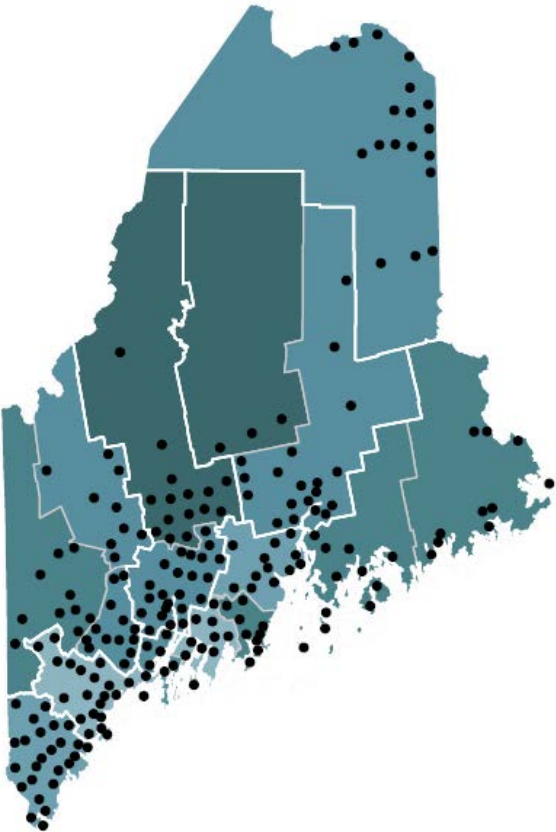
This work is part of the [Maine Prevention Services Initiative](#).



Partnerships For Health, 2022

Locations of Early Care and Education Sites that Received Technical Assistance or Professional Development

Oct 2016 - Sept 2021



Cumulative:
455 ECEs Received PD
833 ECEs Received TA

Tribal Communities:
2 ECEs Received PD
4 ECEs Received TA

Map Legend

Middle School Rates of Overweight and Obesity: MIYHS, 2019

- 24.4% - 28.7%
- 28.8% - 33.0%
- 33.1% - 37.4%
- 37.5% - 41.8%
- 41.9% - 46.2%
- Town

Reading the Map

The shades of blue categorize counties according to the percentage of middle school students who were either overweight or obese (MIYHS, 2019). Surveillance data is not available for the Tribal Public Health District.

Each symbol on the map shows a town with an early care and education (ECE) site that has received technical assistance (TA) or professional development (PD) through engagement with the Let's Go! Coordinators between 2016 and 2021 to develop, revise, and/or implement wellness policies. A town may have more than one early care and education site that received TA or PD. The Cumulative call-out box includes the total number of ECEs that received PD or TA between 2016 and 2021. The Tribal Communities call-out box includes the number of ECEs within tribal communities that received PD or TA between 2016 and 2021.

This work is part of the [Maine Prevention Services Initiative](#).

Early care and education sites are sites at which licensed childcare centers, family childcare homes, and nursery schools are providing care and education to infants, toddlers and young children.

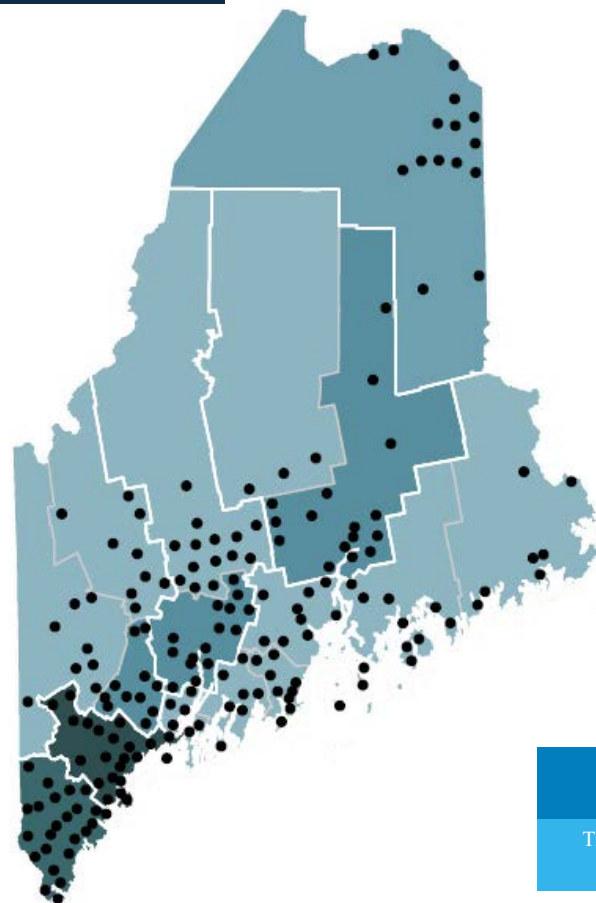
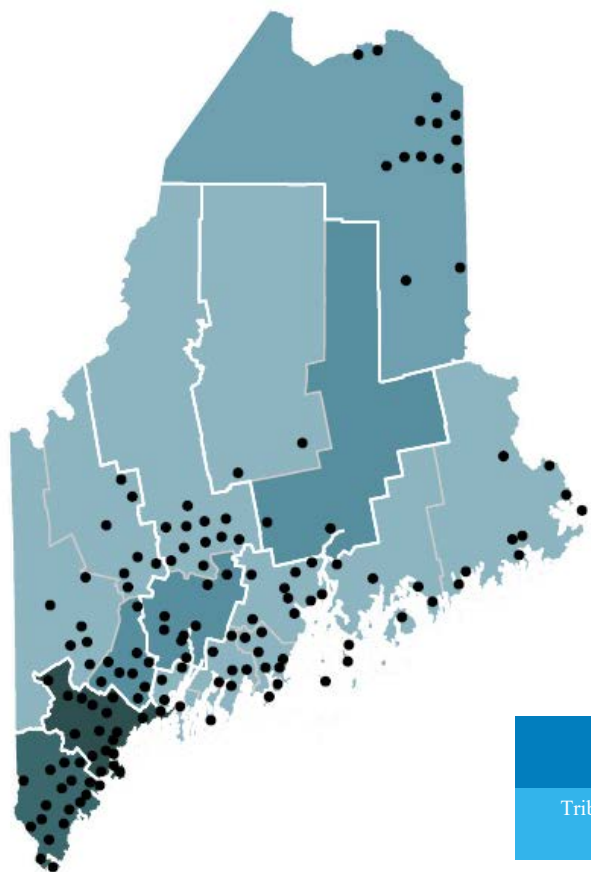
Partnerships For Health, 2022



Locations of Early Care and Education Sites that Developed or Revised Healthy Eating and Active Living (HEAL) Action Plans as a Result of Technical Assistance

Oct 2016 - Sept 2017

Oct 2016 - Sept 2021



Map Legend

Population of Children (5-18): US Census, 2017



● Town



Reading the Maps

The shades of blue categorize counties according to population of children between the ages of 5 and 18 in Maine (US Census, 2017). Census data is not available for the Tribal Public Health District.

Each dot on the map shows a town with an early care and education (ECE) site that developed or revised HEAL action plans through engagement with Let's Go! Coordinators between 2016 and 2021. A town may have more than one ECE that developed or revised plans. The Year 1 and Cumulative call-out boxes include the total number of ECEs that developed or revised HEAL action plans in each specified time period. The Tribal Communities call-out boxes include the number of ECEs within tribal communities that developed or revised HEAL action plans in each specified time period.

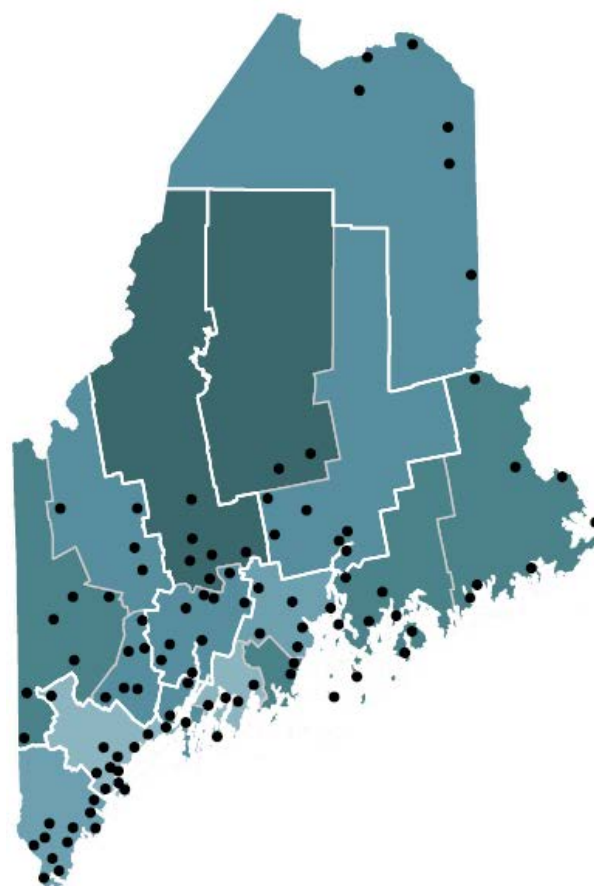
This work is part of the [Maine Prevention Services Initiative](#).

ECEs are sites at which licensed childcare centers, family childcare homes, and nursery schools are providing care and education to infants, toddlers and young children.

Partnerships For Health, 2022

Locations of Clinical Practices that Received Technical Assistance

Oct 2016 - Sept 2021



Cumulative:
235 Clinical Practices

Tribal Communities:
1 Clinical Practice

Map Legend

Middle School Rates of Overweight and Obesity: MIYHS, 2019



Reading the Map

The shades of blue categorize counties according to the percentage of middle school students who were either overweight or obese (MIYHS, 2019). Surveillance data is not available for the Tribal Public Health District.

Each dot on the map shows a town with a clinical site that received technical assistance (TA) to promote healthy eating and active living through engagement with the Let's Go! Coordinators between 2016 and 2021. A town may have more than one clinical site that received TA. The Cumulative call-out box includes the total number of clinical sites that received TA between 2016 and 2021. The Tribal Communities call-out box includes the number of clinical practices within tribal communities that received TA between 2016 and 2021.

This work is part of the [Maine Prevention Services Initiative](#).

Clinical practices include federally qualified Health Centers, patient centered medical homes, school-based clinics, and multi-site practices that provide clinical care.



Partnerships For Health, 2022



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