

HEALTHY MAINE PARTNERSHIPS STRATEGY COUNT TOOLKIT 2009 – 2010

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OVERVIEW

This strategy count toolkit consists of four Sections:

Section A: Information – The *why*, *what* and *how* of the toolkit

Section B: Timeline - The *when* of the toolkit

Section C: Sample Validation Strategy Log

Section D: Validation Strategies

SECTION A: INFORMATION

You may have heard, or read an email saying that you do not need to complete the Strategy Tracker Module in the KIT Prevention System for this year (from now until July 2010). This is true for all strategies except Substance Abuse (Question 3s). Instead of entering data into KIT Prevention's Strategy Tracker Module, staff from the Maine Center for Public Health's (MCPH) HMP Evaluation team will lead an effort to collect the output, result and reach counts for a core group of strategies. These counts will be collected directly from HMP designees and entered into a database housed at the MCPH.

Why the change?

Last year, the HMP Evaluation Team conducted a validation process where we contacted each HMP and asked them to validate the data they had entered into the Strategy Tracker Module in KIT Prevention. The goal of the KIT Verification and Validation Process was to evaluate whether data accurately reflected the activities of the local HMPs and could be used to report on these activities at an aggregate, state level.

While limited strategies were selected for the KIT Verification and Validation Process, the results indicated areas of concern for the evaluation process in general (via the Strategy Tracker Module) and the KIT Prevention System in particular. These areas of concern include the following:

Under-reporting in the Strategy Tracker Module -- **Less than half of the HMPs who reported working on a strategy, reported their activities in the Strategy Tracker Module.**

Inaccuracy of data entry -- Data entered in the Strategy Tracker Module was inaccurate. All the strategy output counts from the Strategy Tracker Module in KIT were different from the output counts obtained through the validation process and only small percentages of strategies showed no change in result and reach counts. **On average, the difference between what was in the Strategy Tracker Module and what the HMPs reported in the validation process was -146%.** This means that the counts reported during the validation process were 146% higher than what was in the Strategy Tracker Module.

Would a modified Strategy Tracker Module overcome these problems?

While the Strategy Tracker Module could be revised to increase accuracy of data entry, some of the challenges to ensure valid data are beyond the KIT Prevention System (e.g., addressing under-reporting, defining the strategies and count calculations clearly, etc.). We have made the strategic decision that it will be less burdensome for all to conduct a separate data collection process in place of the Strategy Tracker Module, than at this point to try and establish a uniform understanding and agreement of all the different definitions necessary for accurate information to be entered into the KIT Prevention System.

Would more training / technical assistance overcome these problems?

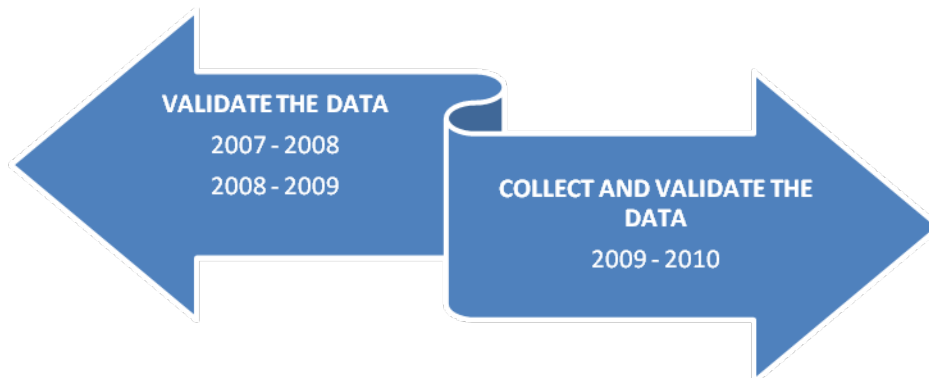
We could attempt to improve the strategy definitions and count calculations in the Strategy Tracker Module and conduct trainings on these revised definitions. However, this would take a significant amount of time, as there are over 400 strategies. Ultimately, training and technical assistance would not overcome the challenge of under-reporting.

What is the goal of the new system for strategy data collection?

Our goal is to have valid data for all 57 Validated Strategies over the grant period (2007 – 2010). As you have already completed your work for the first two years of the grant period, we need two different strategy count efforts in order to capture data for all Validation Strategies for all three years. As depicted in Figure 1, the strategy count effort has two parts.

- The first strategy count effort begins this fall and *collects and validates* data for this year (July 2009 – June 2010). This strategy count effort collects current data as you do the work.
- The second strategy count effort begins early next year and *validates* the data you have already entered into the Strategy Tracker Module (September 2007-June 2009). This is a retrospective data collection effort.

Figure 1: STRATEGY COUNT EFFORTS



How were the 57 Validation Strategies selected?

The HMP Evaluation Team has worked with the Maine CDC Program Managers to select 57 Validation Strategies- see Section D for a complete list. These strategies were primarily identified through a review of strategies selected in the HMP work plans. Additional considerations included federal reporting requirements, content experts' prioritization, and strategies validated this past year.

We will be collecting data on both community and School Health Coordinator (SHC) strategies. Therefore, we will be working with HMP staff representing both agencies in the strategy count efforts – HMP community staff *and* SHCs.

Am I expected to collect data on all 57 Validation Strategies?

We will only ask you about the strategies that you have selected in your work plans that are also Validation Strategies. **No HMP will have worked on all 57 strategies.** The Validation Strategy Logs are based on current work plans and cannot be modified during this strategy count effort.

Your Validation Strategies = *Strategies that are in your work plans and also included in the list of Validation Strategies.*

How is this all going to happen?

FIRST STRATEGY COUNT EFFORT

The HMP Evaluation Team will start collecting data from you on your Validation Strategies this fall. This will initially be done through Validation Strategy Logs and monthly phone calls from the HMP Evaluation Team staff. These calls will be conducted *jointly* with HMP community staff and SHCs. Your Lead Project Officer will participate in at least one of these phone calls to assure that they are up to speed in this work. During these phone calls, the Evaluator will review the counts (output, result and reach) for your Validation Strategies.

In Section C: Sample Validation Strategy Log you will see an example of a Validation Strategy Log. For this first strategy count effort, we will require you to do the following:

- i. Every month, record the relevant counts (output, results and reach counts*) for your Validation Strategies in your log – *both community and SHC strategies must be filled in on one log per HMP.*

**Note:* Some months you may not enter data for all three counts. For example, you may not be working on a particular strategy that month or it may be too soon to have a result or reach count for the strategy.

- ii. Submit the log via email or fax. The log for the previous month, will be due by the 7th (or next business day) of the following month. On the 10th (or next business day) of each month, a list of all outstanding logs will be sent to the HMP Project Officers for follow up.

Submit all Validation Strategy Logs to:

Email: Cbuterbaugh@mcph.org

Fax: 207-629-9277

- iii. For the first three months, an HMP Evaluator will call you to review your completed monthly log. Refer to the Call Schedule (Section B: Timeline) for the dates of these calls. The HMP Project Officers will be invited to join these calls.
- iv. After the first three months, you will be expected to complete and send in your log without the prompt of a phone call from MCPH Evaluation Team. In the event you do not complete your log on time you will receive a call from your Lead Project officer who will problem solve with you about the submission of your log. At all times the HMP Evaluation Team will be available for technical assistance.

SECOND STRATEGY COUNT EFFORT

In January 2010 the HMP Evaluation Team will send you a worksheet with your Validation Strategies for 2007-2008 and 2008-2009. The worksheet will consist of the Validation Strategies you had in your work plan for those time periods. Next to each of the validation strategies will be the total counts you entered in the Strategy Tracker Module. The HMP Evaluation Team will ask you to review and verify the data, and submit the completed worksheet to the HMP Evaluation Team (fax or email). For more details on when the process will begin and when the completed worksheets are due, refer to Section B: Timeline.

What do I still need to enter into the KIT Prevention System?

You will still need to enter information on all of your strategies in the appropriate KIT Prevention System modules (e.g., progress notes, quarterly reports, etc.). The only module that is no longer required for Maine CDC and Maine DOE strategies is the Strategy Tracker Module. Data on OSA strategies will continue to be entered in the Strategy Tracker Module.

Why do I still need to enter Substance Abuse Counts in the Strategy Tracker Module?

The Office of Substance Abuse (OSA) needs you to track substance abuse counts in order to comply with the reporting requirements of their funding streams and the Commissions to whom they report. Specifically, OSA uses the counts you enter into KIT in the required federal reports on the Block Grant and SPF SIG. OSA monitors progress towards the long-term outcomes (called NOMs, required by Federal funders) through surveillance data such as MYDAUS/MIYHS. They use the KIT counts and notes to report on progress towards short term and intermediate outcomes (also required by Federal funders). Moreover, the counts in strategy tracker reveal the breadth and depth of strategy implementation, which leads to a better understanding of long-term progress. Lastly, OSA has provided a great deal of guidance and on-going technical assistance to you on how to record the counts in KIT. Due

to the reporting requirements, technical assistance, and OSA's review of information you have entered in the Community Level Instrument (CLI), it is OSA's belief that the counts you have provided in KIT produce reasonably accurate estimates of your work.

What is going to happen to all the data I have entered in the Strategy Tracker Module since 2007?

The data will remain in the KIT Prevention System. The HMP Evaluation Team will not be using data from the Strategy Tracker Module for any reports or publications.

What is the HMP Evaluation Team going to do with the strategy count data we send in?

The HMP Evaluation Team will store all the data received in a database. We will use these validated data in evaluation meetings, reports, briefs and datasheets.

Will this data be accessible to us?

We recognize the data you have been putting into Strategy Tracker Module may have value to you. We will work with you to ensure that you are able to meet your reporting requirements.

Who do I contact for questions?

If you have any questions regarding the process or need technical assistance, please contact:

Carry Buterbaugh, Evaluator
HMP Evaluation Team
Maine Center for Public Health

Email: Cbuterbaugh@mcph.org

Phone: 207-629-9272 ext. 209

Thank you!

We recognize the time and commitment this effort requires from you and we thank you in advance for your cooperation. Please feel free to contact us with any questions or concerns.

SECTION B: TIMELINE

| DATE | ACTIVITY |
|-------------------|---|
| October 1, 2009 | Finalize toolkit |
| October 5, 2009 | Distribute toolkit to HMP Directors |
| October 16, 2009 | Customized electronic Validation Strategy Log sent to each HMP |
| October 20, 2009 | Toolkit Q & A Tel: 1-800-399-1052 Passcode: 920-12623 Time: 10:00 – 12:00 |
| October 22, 2009 | Toolkit Q & A Tel: 1-800-399-1052 Passcode: 920-12623 12:00 – 2:00 |
| November 9, 2009 | Validation Strategy Log due to HMP Evaluation Team (<i>Note: This first log will include data for 7/01/09 – 10/31/09</i>) |
| November 11, 2009 | Evaluation Team calls to HMPs (see call schedule below) |
| November 25, 2009 | Progress Report at monthly Maine CDC Management HMP Evaluation meeting |
| December 7, 2009 | Validation Strategy Log due to HMP Evaluation Team |
| December 14, 2009 | Evaluation Team calls to HMPs (see call schedule below) |
| January 7, 2009 | Validation Strategy Log due to HMP Evaluation Team |
| January 11, 2010 | Evaluation Team calls to HMPs (see call schedule below) |
| | |

| DATE | ACTIVITY |
|-------------------|---|
| January 27, 2010 | Progress Report at monthly Maine CDC Management HMP Evaluation meeting |
| January 29, 2010 | Validation Worksheets distributed to HMP Directors |
| February 8, 2010 | Strategy Validation Logs submitted to HMP Evaluation Team |
| February 16, 2010 | List of outstanding Validation Strategy Logs sent to Project Officers |
| February 24, 2010 | Progress Report at the Maine CDC Management HMP Evaluation meeting |
| February 28, 2010 | Completed Validation Worksheets submitted to HMP Evaluation Team |
| March 8, 2010 | Validation Strategy Logs submitted to HMP Evaluation Team |
| March 15, 2010 | List of outstanding Validation Strategy Logs sent to HMP Project Officers |
| March 31, 2010 | Progress Report at monthly Maine CDC Management HMP Evaluation meeting |
| April 6, 2010 | Validation Strategy Logs submitted to HMP Evaluation Team |
| April 12, 2010 | List of outstanding Validation Strategy Logs sent to HMP Project Officers |
| April 28, 2010 | Progress Report at monthly Maine CDC Management HMP Evaluation meeting |
| May 10, 2010 | Validation Strategy Logs submitted to HMP Evaluation Team |
| May 17, 2010 | List of outstanding Validation Strategy Logs sent to HMP Project Officers |
| May 26, 2010 | Progress Report at monthly Maine CDC Management HMP Evaluation meeting |
| June 7, 2010 | Validation Strategy Logs submitted to HMP Evaluation Team |
| June 15, 2010 | List of outstanding Validation Strategy Logs sent to HMP Project Officers |

| DATE | ACTIVITY |
|---------------|--|
| June 30, 2010 | Progress Report at monthly Maine CDC Management HMP Evaluation meeting |

Call Schedule

| COMPREHENSIVE COMMUNITY HEALTH COALITION | LOCAL HEALTHY MAINE PARTNERSHIPS | SCHOOL DISTRICTS WITH AN HMP-FUNDED SCHOOL HEALTH COORDINATOR | CALL SCHEDULE |
|---|--|---|--|
| AROOSTOOK HEALTH DISTRICT | | | |
| <i>Power of Prevention Community Health</i> | Cary Medical Center | Union 122 | 2 nd Monday of the month: 11/09/09 12/14/09 01/11/10 |
| | | SAD 27 | |
| <i>Partnership for a Healthy Community</i> | Aroostook County Action Program | SAD 1 | 2 nd Monday of the month: 11/09/09 12/14/09 01/11/10 |
| | | SAD 29 | |
| CENTRAL HEALTH DISTRICT | | | |
| <i>Greater Waterville PATCH</i> | Greater Waterville PATCH | Waterville Public Schools | 2 nd Monday of the month: 11/09/09 12/14/09 01/11/10 |
| | | SAD 47 | |
| | | Union 52 | |
| <i>Sebasticook Valley Healthy Communities Coalition</i> | Sebasticook Valley Healthy Communities / SV Hospital | SAD 48 | 2 nd Monday of the month: 11/09/09 12/14/09 01/11/10 |
| <i>Healthy Communities of the Capital Area</i> | Healthy Communities of the Capital Area | MSAD 11 | 2 nd Monday of the month: 11/09/09 12/14/09 01/11/10 |

| COMPREHENSIVE COMMUNITY HEALTH COALITION | LOCAL HEALTHY MAINE PARTNERSHIPS | SCHOOL DISTRICTS WITH AN HMP-FUNDED SCHOOL HEALTH COORDINATOR | CALL SCHEDULE |
|---|---|--|---|
| <i>Greater Somerset Public Health Collaborative</i> | Greater Somerset Public Health Collaborative | SAD 54 | 2 nd Monday of the month: 11/09/09 12/14/09 01/11/10 |
| | | SAD 59 | |
| CUMBERLAND HEALTH DISTRICT | | | |
| <i>City of Portland</i> | City of Portland - Healthy Portland | Freeport Public Schools | 2 nd Monday of the month: 11/09/09 12/14/09 01/11/10 |
| | City of Portland - Casco Bay HMP | Portland Public Schools | 2 nd Monday of the month: 11/09/09 12/14/09 01/11/10 |
| <i>Communities Promoting Health</i> | PROP - The Lakes Region HMP | Westbrook School Department | 2 nd Tuesday of the month: 11/10/09 12/15/09 01/12/09 |
| | PROP - The River Region HMP (Communities Promoting Health Coalition) | Windham School Department | 2 nd Tuesday of the month: 11/10/09 12/15/09 01/12/09 |
| DOWNEAST HEALTH DISTRICT | | | |
| <i>Healthy Acadia</i> | Healthy Acadia | Union 98 / Mt Desert Rg Dist 7 | 2 nd Tuesday of the month: 11/10/09 12/15/09 01/12/09 |
| <i>Healthy Peninsula</i> | Healthy Peninsula | Union 76 | 2 nd Tuesday of the month: 11/10/09 12/15/09 |

| COMPREHENSIVE COMMUNITY HEALTH COALITION | LOCAL HEALTHY MAINE PARTNERSHIPS | SCHOOL DISTRICTS WITH AN HMP-FUNDED SCHOOL HEALTH COORDINATOR | CALL SCHEDULE |
|---|---|--|---|
| | | | 01/12/09 |
| <i>Bucksport Bay Healthy Communities</i> | Bucksport Bay Healthy Communities | Bucksport School Department | 2 nd Tuesday of the month: 11/10/09 12/15/09 01/12/09 |
| <i>St. Croix Valley Healthy Communities</i> | St. Croix Valley Healthy Communities | Union 106 | 2 nd Tuesday of the month: 11/10/09 12/15/09 01/12/09 |
| <i>Downeast Health Services</i> | Union River Healthy Communities | Ellsworth School Department Union 92 | 2 nd Tuesday of the month: 11/10/09 12/15/09 01/12/09 |
| <i>Washington County: One Community</i> | Washington County: One Community | MSAD 19 | 2 nd Tuesday of the month: 11/10/09 12/15/09 01/12/09 |
| MIDCOAST HEALTH DISTRICT | | | |
| <i>Waldo County CCHC</i> | Waldo County General Hospital | SAD 3 SAD 34 | 2 nd Wednesday of the month: 11/11/09 12/16/09 01/13/09 |
| <i>Access Health</i> | Access Health | SAD 75 | 2 nd Wednesday of the month: 11/11/09 12/16/09 01/13/09 |
| <i>Healthy Lincoln County</i> | Healthy Lincoln County | Union 74 | 2 nd Wednesday of the month: 11/11/09 12/16/09 01/13/09 |

| COMPREHENSIVE COMMUNITY HEALTH COALITION | LOCAL HEALTHY MAINE PARTNERSHIPS | SCHOOL DISTRICTS WITH AN HMP-FUNDED SCHOOL HEALTH COORDINATOR | CALL SCHEDULE |
|---|--|--|---|
| <i>Penobscot Bay/KCCHC</i> | Knox County Community Health Coalition | SAD 5 | 2 nd Wednesday of the month: 11/11/09 12/16/09 01/13/09 |
| PENQUIS HEALTH DISTRICT | | | |
| <i>Bangor Health & Welfare</i> | Bangor Health & Welfare | SAD 22 | 2 nd Wednesday of the month: 11/11/09 12/16/09 01/13/09 |
| <i>Piscataquis Public Health Council</i> | Mayo Regional Hospital | Union 60 | 2 nd Wednesday of the month: 11/11/09 12/16/09 01/13/09 |
| <i>Katahdin Area Partnership</i> | Partnership for a Healthy Northern Penobscot | SAD 67 | 2 nd Wednesday of the month: 11/11/09 12/16/09 01/13/09 |
| WESTERN MAINE HEALTH DISTRICT | | | |
| <i>Healthy Androscoggin</i> | Healthy Androscoggin | Lewiston School Department | 2 nd Thursday of the month: 11/12/09 12/17/09 01/14/09 |
| <i>Healthy Oxford Hills</i> | Western Maine Health / Healthy Oxford Hills | SAD 39 | 2 nd Thursday of the month: 11/12/09 12/17/09 01/14/09 |
| <i>Project NOW: Northern Oxford Wellness</i> | River Valley Healthy Communities Coalition | SAD 21 | 2 nd Thursday of the month: 11/12/09 12/17/09 |
| | | SAD 43 | |
| | | SAD 44 | |

| COMPREHENSIVE COMMUNITY HEALTH COALITION | LOCAL HEALTHY MAINE PARTNERSHIPS | SCHOOL DISTRICTS WITH AN HMP-FUNDED SCHOOL HEALTH COORDINATOR | CALL SCHEDULE |
|---|---|---|--|
| | | SAD 72 | 01/14/09 |
| <i>Healthy Community Coalition</i> | Healthy Community Coalition | SAD 9 | 2 nd Thursday of the month: 11/12/09 12/17/09 01/14/09 |
| YORK HEALTH DISTRICT | | | |
| <i>University of New England</i> | Coastal Healthy Communities Coalition | Old Orchard Beach School System | 2 nd Thursday of the month: 11/12/09 12/17/09 01/14/09 |
| <i>Partners for Healthier Communities</i> | Partners for Healthier Communities / Goodall Hospital | Sanford School Department | 2 nd Thursday of the month: 11/12/09 12/17/09 01/14/09 |
| <i>Choose to be Healthy</i> | Choose to be Healthy | Kittery Schools | 2 nd Thursday of the month: 11/12/09 12/17/09 01/14/09 |
| | | Wells-Ogunquit Schools | |
| | | SAD 60 | |

SECTION C: SAMPLE VALIDATION STRATEGY LOG

| |
|--|
| HMP Name: |
| HMP Director/Contact Person: |
| SHC/Contact Person: |
| Call Schedule (e.g. 2nd Monday of each month): |
| <p>Submit to MCPH by the 7th of each month Email: Cbuterbaugh@mcp.org Fax: 207-629-9277</p> |

| STRATEGY | AGENCY | OUTPUT | COUNTS | |
|---|--------|---|--|--|
| | | | REACH | RESULT |
| 1.1e Adopt and implement a policy that meets PTM tobacco-free school criteria. | SHC | Number of persons involved in developing policy | Number of SAUs adopting new policy that meets PTM criteria | Number of staff and students in the SAU impacted by the new policy |
| 7/01/09 – 10/31/09 | | | | |
| 11/30/09 | | | | |
| 12/31/09 | | | | |
| 01/31/10 | | | | |
| 02/28/10 | | | | |
| 03/31/10 | | | | |
| 04/30/10 | | | | |
| 05/31/10 | | | | |
| 06/30/10 | | | | |

| STRATEGY | AGENCY | OUTPUT | COUNTS | |
|--|-----------|--|--|--|
| | | | REACH | RESULT |
| 1.2a Collaborate with employers to implement the HMP framework to assess, plan, implement, and evaluate their worksite health promotion and disease prevention initiatives related to tobacco use and exposure. | Community | Number of worksites partnered with | Number of new worksites implementing the HMP framework | Number of individual workers (employers and employees) impacted by implementation of the HMP Framework |
| 7/01/09 – 10/31/09 | | | | |
| 11/30/09 | | | | |
| 12/31/09 | | | | |
| 01/31/10 | | | | |
| 02/28/10 | | | | |
| 03/31/10 | | | | |
| 04/30/10 | | | | |
| 05/31/10 | | | | |
| 06/30/10 | | | | |
| 2.4a Implement the PTM “NO BUTS” retailer outreach and education program as well as support continued participation by existing NO BUTS stores. | Community | Number of "No BUTS!" trainings conducted | Number of new "No BUTS!" retail stores | Number of retailers (1 per store) that received "No BUTS!" training |
| 7/01/09 – 10/31/09 | | | | |
| 11/30/09 | | | | |
| 12/31/09 | | | | |
| 01/31/10 | | | | |
| 02/28/10 | | | | |
| 03/31/10 | | | | |
| 04/30/10 | | | | |
| 05/31/10 | | | | |
| 06/30/10 | | | | |

SECTION D: VALIDATION STRATEGIES

| AGENCY | NUMBER | DETAILS OF STRATEGIES |
|----------------|---------|--|
| TOBACCO | | |
| SHC | 1.1e | Adopt and implement a policy that meets PTM tobacco-free school criteria. |
| SHC | 1.1f | Consistently & routinely communicate the tobacco-free school law/policies and enforcement procedures to staff, students and families. |
| SHC | 1.1g | Develop procedures to enforce tobacco free school laws. |
| SHC | 1.1h | Implement alternative to suspension programs for students who violate school tobacco-use policy. |
| C | 1.2a | Collaborate with employers to implement the HMP framework to assess, plan, implement, and evaluate their worksite health promotion and disease prevention initiatives related to tobacco use and exposure. |
| C | 1.3b | Educate parents of children in daycare settings about the daycare secondhand smoke state laws, the dangers of secondhand smoke exposure, and resources for quitting. |
| C | 1.4(a)a | Work with community members to promote tobacco free recreation policies in the municipal/community recreation programs in the HMP area. |
| C | 1.4(a)b | Work with nonprofit recreation facilities (such as YMCAs and Boys and Girls Clubs) to implement tobacco free recreation policies. |
| C | 1.4(a)c | Promote tobacco-free and/or smoke-free policies at outdoor events (such as race tracks, concerts, fairs, amusement parks) and other venues. |
| C | 1.4(a)f | Promote tobacco policies that completely prohibit smoking on the grounds of all municipal buildings and/or the grounds where municipal business is conducted. |
| C | 1.4(b)a | Collaborate with rental management organizations to promote adoption of tobacco-free lease policies in multi-unit housing. |
| C | 1.4(b)b | Educate tenants in multi-unit housing of the dangers of secondhand smoke and availability of smoke-free housing options. |
| C | 1.5d | Promote adoption of voluntary home and car smoke-free rules and policies to parents and grandparents through a variety of venues such as PTAs, YMCAs, schools, retirement associations, senior spectrum etc. |

| AGENCY | NUMBER | DETAILS OF STRATEGIES |
|------------------|---------------|---|
| C | 2.1b | Promote "Got a minute, Give it to your kid" or other relevant PTM campaign messages & materials throughout the service area using a variety of venues. |
| C | 2.2a | Provide trainings to YAP youth and leaders to increase their knowledge and skills around advocacy and anti-tobacco issues. |
| C | 2.2b | Support YAP groups in partnering with community organizations. |
| SHC | 2.3f | For SAUs not implementing any tobacco cessation program, establish a process for referrals. |
| C | 2.4a | Implement the PTM "NO BUTS" retailer outreach and education program as well as support continued participation by existing NO BUTS stores. |
| C | 2.4b | Yap groups will work with local HMP and advisor to promote reduction in point of sale tobacco marketing using the Star Store Program in Mom and Pop convenience stores that participate in No BUTS! |
| C | 2.7a | Promote participation by social service providers in Basic Skills and Intensive Tobacco Trainings so they can conduct appropriate tobacco interventions with their clients and provide resources for cessation treatment. |
| C | 2.8a | Educate employers on the benefits of establishing a comprehensive wellness approach that includes support for smokers who wish to quit, and inclusion of tobacco treatment in any company paid health insurance plan. |
| C | 2.8b | Promote to employers the services offered through the Maine Tobacco HelpLine (800-207-1230), including materials, coaching and NRT. |
| SHC | 2.8d | Promote to school administrators the benefits of establishing a comprehensive wellness approach that includes support for smokers who wish to quit, and inclusion of tobacco treatment in any company paid health insurance plan. |
| NUTRITION | | |
| C | 4.2b | Partner with appropriate organizations/partners (e.g. UMCE and Maine Dairy & Nutrition Council, MNN, etc) and childcare centers to provide nutrition information materials/resources to parents and families |
| C | 4.2c | Assist licensed day care providers with policy and nutrition guideline development, adoption and implementation for incorporating nutritious foods and age appropriate portions. |
| SHC | 4.3c | Strengthen school nutrition policy by offering healthier food choices as part of a la carte menu and school events that are based on the current Dietary Guidelines for Americans |

| AGENCY | NUMBER | DETAILS OF STRATEGIES |
|--------------------------|---------------|--|
| SHC | 4.3e | Strengthen school nutrition policy through school parties or celebrations that offer food that meet or exceed Chapter 51 regulations. |
| C | 4.4a | Provide information and technical assistance to SAUs to support participation in Federal nutrition programs, particularly in low-income geographic areas. |
| C | 4.8a | Provide education to food pantry staff (and advocate for change) on the benefits of providing nutrition education at local food pantries and food assistance organizations |
| C | 4.8b | Provide assistance and nutrition resources including Healthy Weight Awareness Campaign materials to food pantries to increase the amount of nutrition education available to FSP participants and FSP eligible who visit local food pantries and food security organizations |
| C | 4.8c | Assist local food pantries and food security organizations with development, adoption and implementation of a policy for promoting nutrition education to all of its clients |
| C | 4.10c | Provide technical assistance to community organizations serving people of all ages to establish community gardens and/or offer farmers' markets |
| PHYSICAL ACTIVITY | | |
| C | 5.1b | Assist SAUs with policy development, adoption and implementation for opening SAU facilities for community use, including gymnasiums, ball fields, walking routes (indoor and outdoor) and school gardens |
| SHC | 5.2f | Provide assistance (training and resources) for staff about ways to participate in physical activity before, during, and after school. |
| SHC | 5.2g | Increase time for physical education. |
| SHC | 5.2h | Develop policy or procedures that support increased time for physical activity during the school day. |
| C | 5.4c | Assist community organizations, including faith- based and private organizations that serve youth, in increasing participation in after-school activities by provide marketing tools and resources. |
| C | 5.5a | Collaborate with appropriate partners to develop local plans to safely connect youth to neighborhoods, schools, and/or recreation areas. (same as 5.3a, 5.8c) |

| AGENCY | NUMBER | DETAILS OF STRATEGIES |
|---|---------------|---|
| C | 5.6b | Provide information and technical assistance to appropriate community organizations to provide opportunities (facilities, programs, events) for family-based physical activity |
| C | 5.7a | 5.7a - Train community members to provide evidence-based programs such as Enhance Fitness to aging adults |
| C | 5.8a | Collaborate with appropriate partners to establish bike and pedestrian committees in each HMP community that include advocating for local, State, and Federal funding. |
| C | 5.8g | Mobilize community members, including youth, to advocate with community leaders for policies that support active community environments, including sidewalks, bike lanes, bike paths and parks. |
| CHRONIC DISEASE - EARLY IDENTIFICATION & TREATMENT | | |
| SHC | 6.1a | Provide training for school staff in signs/symptoms of asthma. |
| C | 6.4a | Agreements with PCP practices to distribute NDEP awareness campaign "Control Your Diabetes for Life" with insert of local diabetes education resources to all patients with diabetes in PCP offices. |
| C | 6.5c | Provide educational opportunities for the community to learn about the benefits of colorectal cancer screening |
| C | 6.7a | Partner with local HeartSafe Communities to increase awareness of signs and symptoms of heart attack and stroke. |
| C | 6.9i | Coordinate and disseminate education and public information on risk factor reduction and local resources to people at risk for chronic diseases through partners (hospitals, provider offices, service agencies, civic orgs. worksites, etc.). |
| CHRONIC DISEASE - ACCESS TO SELF-MANAGEMENT SUPPORTS | | |
| C | 7.1d | Work with partners to educate at risk groups and their families about the importance of family and peer support systems as tools for chronic disease self management through various educational methods such as lunch and learn, wellness seminars at civic groups or senior centers). |
| C | 7.2a | Work with partners to create environments that support self management in six areas of Community Support (access, support group, community programs, provider-community connection, outreach and health care system). |
| C | 7.2b | Work with partners to identify, develop, and distribute resources that identify community supports for chronic disease self management (e.g., guides, lists on access to medications or prescription drug assistance programs, support groups, and community programs.). |

| AGENCY | NUMBER | DETAILS OF STRATEGIES |
|--|---------------|--|
| C | 7.3a | Establish links to and work with health care providers to implement the community component of the Care Model. |
| C | 7.4e | Provide TA and resources to worksites to educate at risk employees about risk factors for chronic disease and the importance of self management of high blood pressure, high cholesterol with various educational methods such as lunch & learns, in-service, wellness seminars. |
| C | 7.5d | Connect with local diabetes self-management program and coordinate an awareness campaign. |
| C | 7.6a | HMP will work with MCDCP Asthma program to develop local strategies |
| COORDINATED SCHOOL HEALTH PROGRAM | | |
| SHC | 8.1a | Establish a School Health Leadership Team (SHLT) with identified key leaders and representatives of the 8 component areas of a Coordinated School Health Program. |
| SHC | 8.1b | Meet at least 4 times per year to assist in completing school health objectives. |
| SHC | 8.10a | Revise report cards or student achievement progress report to include physical education in alignment with other subjects. |