



Local Intervention Sites

Infrastructure to Implement the Maine PAN Plan

The Maine Health and Human Services' Public Health's (Maine HHS Public Health) Physical Activity and Nutrition Program (PANP) is the administrative and technical expert lead for development and implementation of this Plan. The PANP has solicited additional external lead agencies that have agreed to enable implementation of the plan strategies. Key partner agencies are the Maine Department of Education (DOE); the Maine Department of Agriculture, Food and Rural Resources (DAFRR); the Maine Department of Transportation (DOT); the Maine-Harvard Prevention Research Center (M-HPRC); the Maine Nutrition Network (MNN); and the University of Maine Cooperative Extension (UMCE).

The PANP is the newest structural component of the Healthy Maine Partnerships (HMP) initiative. The HMP initiative links aspects of five Maine HHS Public Health State-level programs that collaborate to provide funding, training, technical assistance, program development, monitoring, evaluation, and oversight to 31 local Partnerships across Maine. These five programs are the PANP, the Maine Cardiovascular Health Program (MCVHP), the Coordinated School Health Program (CSHP), the Community Health Promotion Program (CHPP), and the Partnership For A Tobacco-Free Maine (PTM). These Maine HHS Public Health programs also collaborate with the Maine Department of Education's Coordinated School Health Program (CSHP), which includes Comprehensive School Health Education (CSHE) as a key part of the HMP infrastructure.

The HMP facilitates the coordination of State and local intervention activities. Each of the 31 local Partnerships include collaboration between a local lead agency and a participating School Administrative Unit (SAU) and is funded to implement comprehensive community-level interventions that promote and support a healthier lifestyle. The HMPs also support a Youth Advocacy Program (YAP) to involve youth from the community in interventions. These interventions emphasize developing policies and making changes to the local environment related to tobacco use prevention, increased physical activity, and improved nutrition.

The PANP is responsible for providing coordination across multiple Maine HHS Public Health programs with nutrition and physical activity components, including the Women, Infants, and Children Nutrition Program (WIC), the Diabetes Prevention and Control Program, the Breast and Cervical Health Program, the Comprehensive Cancer Control Program, and the Maternal and Child Health Nutrition Program. WIC is the lead agency for developing and implementing breastfeeding strategies, and the Program's *Loving Support* breastfeeding project is integrated into the strategies of this Plan. The *Coordinated Approach to Child Health* (CATCH) Program was initiated by the Maine Cardiovascular Health Program and is also referenced in the strategies. The PANP established the PAN Coordinating Council and the PAN Advisory Group made up of key Statewide partners to

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provide strategic guidance for implementation of the Plan and nutrition and physical activity interventions. Appendix E outlines the structure and membership of the PAN Coordinating Council, and Appendix F describes the PAN Advisory Group.

Partner and Community Involvement in Interventions

Maine has a long-standing practice of collaboration among public health practitioners and stakeholders in program planning. The content of the Maine PAN Plan was developed with input from multiple stakeholders and Statewide health, nutrition, and physical activity program representatives. Participation by health care providers and community populations who are the focus of interventions is less well-established. However, the Healthy Maine Partnerships are positioned to enhance community involvement due to their requirements that school representatives (including students and parents) and community coalitions help drive their local interventions. HMP staff help assure that best practices and evidence-based interventions are integrated in school, community, and health care settings.

Successful techniques to involve the community are not specifically identified in the Plan, but these techniques will be modeled and promoted by the PANP staff along with the PAN Coordinating Council and PAN Advisory Group. Specific actions to assure community involvement will be incorporated into the infrastructure during local intervention planning processes. For instance, mini-grants could require community involvement to identify desired outcomes and interventions to reach those outcomes.

Community Engagement

In order for any behavior change in a population to be successful, people who are affected must be part of the planning and implementation process. In fact, what public health professionals deem important may not be a priority to individuals in a community. The public health professional has the role of bringing technical knowledge and expertise to the table. But it is the community itself, whether that community be in a school, worksite, health care setting, or larger community, that knows and can articulate what it desires for change and how that change can best be accomplished. Public health professionals and other allied workers can assist by framing the questions to be answered so that the community in partnership with health care can identify system/community assets, tools, and techniques that have been successful.

There are several models and techniques that are effective for engaging a community to design and achieve their own future. The *Community Toolbox* describes methods for approaching and working with a community. *Collaboration Framework*, *Appreciative Inquiry*, and *Future Search* are three methodologies that have also been

used in Maine's public health environments.^{126, 127, 128, 129} *Appreciative Inquiry* and *Future Search* invite people in a system (e.g., schools, communities, worksites, health care) to envision their own desired future and plan how to reach that future. Inquiry is framed so that strengths are identified and people themselves take responsibility for designing and carrying out changes for themselves and their communities.

Interventions in health care settings will be aligned with the *Chronic Care Model*.¹³⁰ The *Chronic Care Model* identifies the essential elements of a health care system that encourage high quality chronic disease care. These elements are the community, the health system, self-management support, decision support, and clinical information systems. Evidence-based change concepts are combined under each element to foster productive interactions between informed patients who take an active part in their care and providers with resources and expertise. The model can be applied to a variety of health care settings and populations. The model achieves healthier patients, more satisfied providers, and cost savings. Using the *Chronic Care Model* can assure that nutrition and physical activity recommendations for individuals in a variety of settings align with health care system guidelines. Furthermore, the Model can help individuals be responsible for managing their own health. This is a departure from the present prevailing culture where individuals rely on the health care system and clinicians to assume responsibility for their health care.

126 www.ctb.ku.edu.

127 www.crs.uvm.edu/ncco/collab/framework.html.

128 www.appreciativeinquiry.cwru.edu and Cooperrider DL & Srivastva S. *Appreciative Inquiry in Organizational Life*: www.appreciative-inquiry.org/index.htm.

129 www.futuresearch.net.

130 www.improvingchroniccare.org.