

Youth Objectives and Key Strategies

LONG-TERM OBJECTIVE 1

Reduce to 10% and 5%, respectively, the proportion of youth who are at risk for overweight or overweight by 2010.

Population	Baseline	Data Source
High School	15% at risk for overweight 13% overweight	YRBSS, 2003
Middle School	18% at risk for overweight 13% overweight	YRBSS, 2003
Kindergarten	21% at risk for overweight 15% overweight	MCHS, 2002
WIC \geq 2 Years	17% at risk for overweight 16% overweight	PedNSS, 2003

Youth: Physical Activity

INTERMEDIATE OBJECTIVE 1.1

Increase to 85% the proportion of youth who engage in vigorous physical activity that promotes cardiorespiratory fitness three or more days per week for a length of 20 or more minutes each time by 2010.

Population	Baseline	Data Source
High School	61%	YRBSS, 2003
Middle School	72%	YRBSS, 2003
Kindergarten	-	Not available

Youth Objectives and Key Strategies *(continued)*

SHORT-TERM OBJECTIVES 1.1.1 THROUGH 1.1.12

A. School

1.1.1

Increase the number of Maine schools offering daily physical education (PE) classes by 2010.

Baseline: High School 8%, YRBSS, 2003
 Baseline: Middle School 15%, YRBSS, 2003

Key Strategies	Time Frame	Lead Agency
-----------------------	-------------------	--------------------

Identify funding to support a physical education consultant position at the Maine Department of Education.	Fall 2006	DOE
--	-----------	-----

Provide schools with resources that assist with developing the structure and policies to offer daily PE classes including the Maine Guidelines for Coordinated School Health Program, CDC DASH Guidelines, CDC Community Guide Promoting Physical Activity, and National Association for School Boards of Education School Health Policy Guide.	Fall 2007	DOE
---	-----------	-----

Establish a Statewide advocacy group including State and local policymakers (e.g., MAHPERD, MeSHEC, CSHP Key Advisory Group) to promote institution of daily PE in schools.	Fall 2006	DOE
---	-----------	-----

1.1.2

Increase the number of PE teachers implementing curricula to increase time spent in being physically active in PE classes by 2010.

Baseline: Not available
 Potential Sources: SHEP, HMP monitoring tool

Key Strategies	Time Frame	Lead Agency
-----------------------	-------------------	--------------------

Offer professional development for new and existing PE teachers focused on methods to increase time spent being physically active for all students during PE classes.	Spring 2007	DOE/MAHPERD
---	-------------	-------------

Invite K-5 PE teachers to participate on school teams that attend CATCH Program training.	Spring 2005	Maine HHS Public Health/ DOE
---	-------------	------------------------------------

The Maine Physical Activity and Nutrition Plan • 2005–2010

1.1.3

Increase the number of schools that offer an increased amount of time for supervised physical activity for all students during the school day by 2010.

Baseline: Not available

Potential Sources: HMP monitoring tool, SHEP

Key Strategy	Time Frame	Lead Agency
Provide schools and communities with resources and training designed to increase opportunities and environments for physical activity. Resources and training include best practices and standards from the Maine Guidelines for Coordinated School Health Program, CDC Community Guide Promoting Physical Activity, CDC Division of Adolescent and School Health (DASH) Guidelines, and PAN Action Packets focused on physical activity.	Spring 2006	Maine HHS Public Health/ DOE/MCPH

1.1.4

Increase the number of schools that offer an increased amount of time for supervised physical activity for all students before school and after school by 2010.

Baseline: Not available

Potential Sources: After School 21st Century grant recipients, HMP monitoring tool, Maine School-Age Care Alliance

Key Strategies	Time Frame	Lead Agency
Provide schools and communities with resources and training designed to increase opportunities and environments for physical activity. Resources and training include best practices and standards from the PAN Action Packets focused on physical activity, <i>Healthy Maine Walks</i> , <i>Coaching Maine Youth to Success</i> , ACES, <i>Winter Kids</i> , www.maineeshp.com , www.afterschoolpa.com .	Spring 2007	Maine HHS Public Health
Assist schools in planning processes with parents and communities in their efforts to increase the number of students safely walking and biking to school.	Fall 2005– ongoing	BCM/ Maine HHS Public Health/ DOE/DOT

Youth Objectives and Key Strategies *(continued)*

B. Community

1.1.5

Increase the number of media messages that support youth physical activity in community settings by 2010.

Baseline: Not available

Potential Sources: HMP monitoring tool, HWAC

Key Strategy	Time Frame	Lead Agency
Develop and deliver media tools (public service announcements, press releases, posters, maps, print materials) to market and promote local opportunities for youth physical activity, such as trails, parks, community gardens, and open facilities for recreation.	Fall 2006	Maine HHS Public Health/ DAFRR

1.1.6

Increase the number of communities with sidewalks, bike paths, trails, open facilities, and other places for physical activity by 2010.

Baseline: Not available

Potential Sources: HMP monitoring tool, DOT

Key Strategies	Time Frame	Lead Agency
Establish bike and pedestrian committees in each HMP community that include advocating for local, State, and Federal funding.	Spring 2005– ongoing	Maine HHS Public Health
Provide community decision makers with PAN Action Packets focused on physical activity and train them on their use.	Fall 2005– ongoing	Maine HHS Public Health/ MNN
Develop local plans to safely connect youth to neighborhoods, schools, and recreation areas.	Fall 2008	Maine HHS Public Health/ DOT/SPO

The Maine Physical Activity and Nutrition Plan • 2005-2010

1.1.7

Increase the number of community opportunities (e.g., events, programs, facilities) for families to be physically active together by 2010.

Baseline: Not available

Potential Sources: HMP monitoring tool, key organization surveys, town recreation department data

Key Strategies	Time Frame	Lead Agency
Identify and promote existing Maine programs, facilities, and initiatives designed to increase physical activity (e.g., <i>Healthy Maine Walks</i> , <i>Winter Kids</i> , All Children Exercise Simultaneously [ACES]) to community decision makers.	Fall 2005–ongoing	Maine, HHS Public Health/DOE/MGCPFSHW
Provide community decision makers with PAN Action Packets focused on physical activity and train them on their use.	Fall 2005–ongoing	Maine HHS Public Health/MNN
Establish liaisons with universities and colleges to provide physical activity opportunities for families, students, faculty, and the community.	Fall 2006	Maine HHS Public Health/DOE

1.1.8

Increase the number of center-based early childcare settings where policies and/or programs support increased opportunities for children to be physically active by 2010.

Baseline: Not available

Potential Source: OCFS

Key Strategies	Time Frame	Lead Agency
Partner with M-HPRC to implement early child care research, disseminate research findings, and translate findings into Statewide policy.	Fall 2006	MCPH/M-HPRC
Educate licensed day care centers on physical activity guidelines, sample policies, and list of appropriate physical activities. Use Head Start as a model.	Spring 2007	OCFS/MNN

Youth Objectives and Key Strategies *(continued)*

C. Worksite

1.1.9

Increase the number of employers who provide educational programs promoting family physical activity by 2010.

Baseline: Not available

Potential Sources: Maine HHS Public Health, MGCPFSHW

Key Strategies	Time Frame	Lead Agency
Provide materials and educational programs for worksites (including schools as worksites) that promote physical activity.	Spring 2007	Maine HHS Public Health/DOE/MGCPFSHW
Provide resources to school-based teams at the annual Maine Schoolsite Health Promotion Conference.	Summer 2005	DOE
Identify and promote existing Maine programs and initiatives designed to increase physical activity (e.g., <i>Winter Kids</i> , <i>March into May</i> , <i>Move and Improve</i> , ACES) to worksite decision makers.	Fall 2005	MGCPFSHW

D. Health care

1.1.10

Increase the number of clinicians who screen youth and advise for physical activity by 2010.

Baseline: Not available

Potential Sources: ME-AAP, Healthy People 2010 grant, MeHAF grant

Key Strategies	Time Frame	Lead Agency
Provide all clinicians with supportive tools (e.g., preprinted prescription pads) to help them to recommend physical activity.	Winter 2006	Maine HHS Public Health/MASN/ME-AAP
Educate staff and clinicians about screening, assessment (including BMI), and counseling related to physical activity as part of routine health care.	Winter 2006	Maine HHS Public Health/MASN/ME-AAP
Disseminate Maine Youth Overweight Collaborative strategies and findings Statewide.	Winter 2006	MCPH/M-HPRC

The Maine Physical Activity and Nutrition Plan • 2005-2010

1.1.11

Increase the number of clinicians who refer youth to community resources for physical activity by 2010.

Baseline: Not available

Potential Sources: Maine HHS Public Health, ME-AAP

Key Strategies	Time Frame	Lead Agency
Assist HMP in developing a PAN resource guide for providers to refer youth to local community organizations for physical activity (e.g., Boys and Girls Clubs, Community Centers, YMCAs, and YWCAs).	Winter 2006	Maine HHS Public Health/ MASN/ ME-AAP
Partner with MCPH Maine Youth Overweight Collaborative, ME-AAP, and HMP to create local referral networks for primary care clinicians in the collaborative.	Winter 2005	Maine HHS Public Health/ MCPH/ME-AAP/ M-HPRC

1.1.12

Increase the number of Maine insurance payers who reimburse for preventive services related to physical activity for youth by 2010.

Baseline: Not available

Potential Sources: MaineCare, EPSDT

Key Strategies	Time Frame	Lead Agency
Educate insurance companies about Clinical Guidelines for Preventive Services and/or other national clinical prevention standards in determining benefit packages.	Winter 2008	Maine HHS Public Health/ ME-AAP
Distribute information to insurers regarding cost-effectiveness of preventive services, including health screenings and physical activity counseling.	Fall 2008	MGCPFSHW

Youth Objectives and Key Strategies *(continued)*

Youth: *Consumption of Fruits and Vegetables*

INTERMEDIATE OBJECTIVE 1.2-A

Increase to 35% the proportion of Maine youth who consume five or more servings of fruits and vegetables per day by 2010.

Population	Baseline	Data Source
High School	23%	YRBSS, 2003
Middle School	-	Not available
Kindergarten	-	Not available

Youth: *Caloric Imbalance and Expenditure*

INTERMEDIATE OBJECTIVE 1.2-B

Decrease to 15% the proportion of Maine youth consuming two or more cans of soda per day by 2010.

Population	Baseline	Data Source
High School	19% consumed two or more cans of soda per day	MYDAUS/YTS, 2004
Middle School	18% consumed two or more cans of soda per day	MYDAUS/YTS, 2004
Kindergarten	Data analysis in progress	MCHS, 2003/2004

INTERMEDIATE OBJECTIVE 1.2-C

Increase to 25% the proportion of Maine youth who drink three or more glasses of milk per day by 2010.

Population	Baseline	Data Source
High School	22% drank three or more glasses per day (29% males, 14% females)	YRBSS, 2003
Middle School	-	Not available
Kindergarten	-	Not available

SHORT-TERM OBJECTIVES 1.2.1 THROUGH 1.2.14

A. School

1.2.1

Increase the number of schools with policies to improve nutrition (more fruits and vegetables, less fat, fewer sugar-sweetened beverages, more low fat and fat-free milk) in school vending machines, a la carte and school meal programs, and fund-raising events by 2010.

Baseline: Not available

Potential Sources: DOE, HMP monitoring tool

Key Strategies	Time Frame	Lead Agency
Distribute and provide training on use of resources for nutrition policy development for school vending machines, a la carte and school meal programs, and fund-raising events. Suggested resources include: the NASBE <i>Fit, Healthy and Ready to Learn</i> ; Team Nutrition Changing the Scene; Joint Position of MDA/MSFSA for Nutrition Services in Maine Schools; and DOE rules for school vending machines. Work with school administrators; DOE; HMP School Health Coordinators; school food service staff; school nurses; parents; students; faith-based and private organizations; family practice physicians; and faculty to implement policies.	Fall 2006	Maine HHS Public Health/ DOE/ MNN
Provide school decision makers with PAN Action Packets focused on nutrition (group events, vending, etc.) and train them on their use.	Fall 2005	Maine HHS Public Health/ MNN
Provide PAN Action Packet focused on vending nutrition to food/beverage companies that serve schools.	Fall 2006	Maine HHS Public Health/ MNN
Conduct soda/snack a la carte and vending policy intervention in Maine high schools. Review results of intervention to expand to other Maine schools.	Fall 2005– ongoing	Maine HHS Public Health/ DOE

Youth Objectives and Key Strategies *(continued)*

1.2.2

Increase the number of school food service personnel who are certified by the School Nutrition Association (SNA) by 2010.

Baseline: Not available
Potential Source: MSFSA

Key Strategies	Time Frame	Lead Agency
Provide training packets and regional in-service training for food service personnel that can be applied toward SNA certification.	Fall 2007	DOE/MNN
Educate superintendents on their leadership role in providing support and identifying funding sources (including grants) for food service personnel to obtain training towards certification.	Fall 2007	DOE/MNN

1.2.3

Increase the number of schools that use evidence-based programs to improve nutrition by 2010.

Baseline: Not available
Potential Sources: DOE, HMP monitoring tool, MNN

Key Strategies	Time Frame	Lead Agency
Provide schools with strategies for improving nutrition. Include strategies from the Maine Guidelines for Coordinated School Health Program, CDC DASH Guidelines, and CATCH Program to assist schools with integrating nutrition into the health education curriculum.	Fall 2005	Maine HHS Public Health/ DOE/MNN
Distribute and train teachers to use evidence-based nutrition programs that can be easily incorporated into the health education curriculum.	Fall 2007	Maine HHS Public Health/ DOE/MDNC/MNN
Compile and distribute a list of regional contacts, including dietitians and nutrition educators, to provide and support nutrition instruction that is evidence-based.	Fall 2007	Maine HHS Public Health/ DOE/ UMCE

1.2.4

Increase the number of schools participating in lunch, breakfast, after-school, and summer meals programs by 2010.

Baseline: Not available
Potential Source: DOE

Key Strategy	Time Frame	Lead Agency
Provide information and technical assistance to schools to support participation in Federal nutrition programs.	Spring 2005	DOE

B. Community

1.2.5

Increase the number of media messages directed to Maine youth on the benefits of consuming more fruits and vegetables, less fat, fewer sugar-sweetened beverages, and more low fat and fat-free milk, and on how to maintain a healthy weight by 2010.

Baseline: Not available
Potential Sources: DAFRR, HMP monitoring tool, HWAC

Key Strategies	Time Frame	Lead Agency
Distribute materials that promote healthy venues (“success stories”) that are available in community establishments.	Spring 2007	Maine HHS Public Health/ DOE
Develop and deliver a media campaign to market and promote local and/or seasonal foods.	Spring 2006	Maine HHS Public Health/ DAFRR/MNN
Conduct communication programs on healthy weight in the community.	Spring 2005	MDNC/MNN/ UMCE
Distribute posters and newsletters, including <i>Healthy Weight Awareness Campaign</i> (HWAC) messages, that promote health messages for display in school and community facilities.	Spring 2005	Maine HHS Public Health/ DOE

Youth Objectives and Key Strategies *(continued)*

1.2.6

Increase the number of community events to educate Maine youth on the benefits of consuming more fruits and vegetables, less fat, fewer sugar-sweetened beverages, and more low fat and fat-free milk, and on how to maintain a healthy weight by 2010.

Baseline: Not available

Potential Sources: DAFRR, HMP monitoring tool

Key Strategies	Time Frame	Lead Agency
Distribute promotional packets to existing and potential new sponsors for an annual 5 A Day Month event in September. Include promotion of locally grown produce in this event.	Spring 2007	Maine HHS Public Health/ DAFRR/ DOE
Distribute event organizer packets to HMPs with ideas such as taste-testing for community events.	Spring 2006	Maine HHS Public Health/ DOE
Identify partners with resources/materials to support community-wide events (e.g., UMCE, Maine Dairy & Nutrition Council).	Spring 2005	Maine HHS Public Health/ DOE/MDNC/UMCE

1.2.7

Increase the number of community organizations serving youth that have policies to improve nutrition (more fruits and vegetables, less fat, fewer sugar-sweetened beverages, more low fat and fat-free milk) at meetings and facilities by 2010.

Baseline: Not available

Potential Source: HMP monitoring tool

Key Strategies	Time Frame	Lead Agency
Provide HMP YAP Coordinators and youth with the <i>Develop Policies that Support Healthy Eating at Group Events</i> Action Packet and train them on its use. Assist YAP in working with community organization decision makers, including private and faith-based organizations, to implement nutrition policies.	Fall 2005	Maine HHS Public Health/ MDNC/MNN
Distribute farmers' market guides to HMP and assist HMP YAPs in developing collaborations to promote use of local foods by community organizations serving youth.	Spring 2005	Maine HHS Public Health/ DAFRR/ MNN

The Maine Physical Activity and Nutrition Plan • 2005-2010

1.2.8

Increase the number of center-based early child care settings where policies and/or programs support improved nutrition (more fruits and vegetables, less fat, fewer sugar-sweetened beverages, more low fat and fat-free milk) by 2010.

Baseline: Not available

Potential Sources: OCFS, M-HPRC

Key Strategies	Time Frame	Lead Agency
Educate licensed day care centers on nutrition guidelines, sample policies, and provide list of approved foods/portions. Use Head Start as a model. Partner with UMCE and Maine Dairy & Nutrition Council to provide nutrition resources.	Spring 2007	Maine HHS Public Health/ OCFS/ MDNC/UMCE
Partner with M-HPRC to disseminate research findings and translate findings into Statewide policy.	Spring 2008	OCFS/MCPH/ M-HPRC

1.2.9

Increase the number of center-based child care settings participating in after-school and summer meals programs by 2010.

Baseline: Not available

Potential Source: OCFS

Key Strategies	Time Frame	Lead Agency
Provide information and technical assistance to center-based child care settings (including schools and faith-based organizations) to support participation in Federal nutrition programs.	Spring 2007	Maine HHS Public Health/ OCFS/DOE
Provide training packets and regional training sessions for center-based day care providers.	Spring 2007	Maine HHS Public Health/ OCFS

Youth Objectives and Key Strategies *(continued)*

C. Worksite

1.2.10

Increase the number of employers with policies that promote improved nutrition by 2010.

Baseline: Not available
Potential Source: Maine HHS Public Health

Key Strategy	Time Frame	Lead Agency
Provide training and technical assistance to HMP to identify worksites for interventions to implement policies for improved nutrition. An available resource is <i>Good Work! Linking health to the bottom line: Cost-effective strategies for a healthier workplace.</i>	Spring 2005	Maine HHS Public Health

1.2.11

Increase the number of employers with environments that promote improved nutrition by 2010.

Baseline: Not available
Potential Source: Maine HHS Public Health

Key Strategy	Time Frame	Lead Agency
Provide training and technical assistance to HMP to identify worksites for interventions to implement environments for improved nutrition. An available resource is <i>Good Work! Linking health to the bottom line: Cost-effective strategies for a healthier workplace.</i>	Spring 2005	Maine HHS Public Health

D. Health care

1.2.12

Increase the number of clinicians who screen and advise for improved nutrition in youth by 2010.

Baseline: Not available
Potential Sources: ME-AAP, M-HPRC

The Maine Physical Activity and Nutrition Plan • 2005-2010

Key Strategies	Time Frame	Lead Agency
Educate staff and clinicians about screening, assessment (including BMI), and counseling related to nutrition as part of routine health care.	Winter 2006	Maine HHS Public Health/ MDA/ME-AAP
Distribute packets with nutrition screening guidelines, recommendations, and handouts for patients to clinicians in HMP communities.	Fall 2008	Maine HHS Public Health/ MDA
Disseminate Maine Youth Overweight Collaborative strategies and findings Statewide.	Fall 2008	MCPH/ M-HPRC

1.2.13

Increase the number of clinicians who refer youth to nutrition resources by 2010.

Baseline: Not available

Potential Sources: Maine HHS Public Health, ME-AAP, M-HPRC

Key Strategies	Time Frame	Lead Agency
Identify effective multi-component weight control programs for youth and share with clinicians.	Spring 2008	Maine HHS Public Health/ MDA
Distribute packets with nutrition handouts for youth and list of referral resources to clinicians in HMP communities.	Fall 2008	Maine HHS Public Health/ MASN/MDA/MDNC
Partner with MCPH, ME-AAP, and HMP to create local referral networks for primary care clinicians who are part of the Maine Youth Overweight Collaborative.	Winter 2006	Maine HHS Public Health/ MASN/MCPH/MDA/ ME-AAP/M-HPRC

1.2.14

Increase the number of Maine insurance payers who reimburse for services related to nutrition for youth by 2010.

Baseline: Not available

Potential Sources: MaineCare, EPSDT

Key Strategy	Time Frame	Lead Agency
Distribute information to insurers regarding cost-effectiveness of preventive services such as health screenings and nutrition counseling.	Spring 2008	Maine HHS Public Health/ MDA/ME-AAP

Youth Objectives and Key Strategies *(continued)*

Youth: *Television Time*

INTERMEDIATE OBJECTIVE 1.3

Increase to 85% the proportion of youth who view television two or fewer hours a day by 2010.

Population	Baseline	Data Source
High School	74%	YRBSS, 2003
Middle School	64%	YRBSS, 2003
Kindergarten	Data analysis in progress	MCHS, 2003/2004

SHORT-TERM OBJECTIVES 1.3.1 THROUGH 1.3.8

A. School

1.3.1

Increase the number of schools participating in TV Turn-Off Week by 2010.

Baseline: Not available
Potential Source: HMP monitoring tool

Key Strategy	Time Frame	Lead Agency
Provide schools with tools and promotional resources that support TV Turn-Off Week.	Winter 2005	Maine HHS Public Health/DOE

1.3.2

Increase the number of schools that incorporate the impact of TV viewing into their health curricula by 2010.

Baseline: Not available
Potential Sources: DOE, CSHP

Key Strategy	Time Frame	Lead Agency
Provide schools with lesson plans and classroom activities demonstrating the impact of TV viewing on health.	Winter 2006	Maine HHS Public Health/ DOE

1.3.3

Increase the number of youth who are involved in after-school activities in the school setting by 2010.

Baseline: Not available
Potential Source: YTS/MYDAUS

Key Strategies	Time Frame	Lead Agency
Distribute information regarding intramural programs and physical activities to student councils, PTA and PTO groups, and 21st Century grant sites.	Fall 2008	DOE/ MGCPFSHW
Design and establish a student-athlete mentor program for replication across grade levels.	Fall 2008	DOE/ MGCPFSHW

B. Community

1.3.4

Increase the number of youth who are involved in after-school activities in the community setting by 2010.

Baseline: Not available
Potential Sources: Recreation programs, local organizations/sponsorships

Key Strategies	Time Frame	Lead Agency
Provide marketing tools and resources to community organizations, including faith-based and private organizations, that serve youth to help increase participation in after-school activities.	Summer 2007	Maine HHS Public Health/ DOE/ MGCFPSHW
Provide materials and technical assistance to educate community program participants about physical activity as a lifelong habit (<i>Hearts-N-Parks</i>).	Summer 2007	Maine HHS Public Health/ MRPA

Youth Objectives and Key Strategies *(continued)*

1.3.5

Increase the number of media messages discouraging youth TV viewing by 2010.

Baseline: Not available

Potential Sources: HMP monitoring tool, HWAC, YAP

Key Strategies	Time Frame	Lead Agency
Provide organizations that serve youth with messages and resources to display throughout their facilities that promote watching less TV.	Winter 2007	Maine HHS Public Health/ DOE
Develop and air radio and other media messages, including <i>Healthy Weight Awareness</i> Campaign (HWAC) messages, that discourage youth TV viewing.	Winter 2005	Maine HHS Public Health/ DOE

1.3.6

Increase the number of community organizations serving youth who participate in TV Turn-Off Week by 2010.

Baseline: Not available

Potential Sources: Maine HHS Public Health, OCFS

Key Strategy	Time Frame	Lead Agency
Identify models for TV Turn-Off Week (e.g., Penobscot model) and link TV Turn-Off Week activities in community organizations (including center-based day care settings, faith-based and private organizations) and schools.	Winter 2007	Maine HHS Public Health/ OCFS/DOE

The Maine Physical Activity and Nutrition Plan • 2005-2010

C. Worksite

1.3.7

Increase the number of employers that provide educational materials regarding TV Turn-Off Week by 2010.

Baseline: Not available

Potential Source: HMP monitoring tool

Key Strategy	Time Frame	Lead Agency
Provide worksites with tools and promotional resources that support TV Turn-Off Week.	Winter 2008	Maine HHS Public Health/ MGCPFSHW

D. Health care

1.3.8

Increase the number of clinicians who assess and advise on youth TV viewing based on policy statements by 2010.

Baseline: Not available

Potential Sources: ME-AAP, M-HPRC

Key Strategies	Time Frame	Lead Agency
Partner with MCPH and M-HPRC to implement clinician research on television viewing interventions, disseminate research findings, and translate research findings into policy.	Spring 2007	MCPH/ ME-AAP/ M-HPRC
Provide clinicians with supportive tools and resources to help them to recommend a decrease in TV viewing to families.	Winter 2006	Maine HHS Public Health/ ME-AAP