

## Adults Objectives and Key Strategies

### **LONG-TERM OBJECTIVE 2**

Reduce to 30% and 15%, respectively, the proportion of adults who are overweight or obese by 2010.

<b>Baseline</b>	<b>Data Source</b>
38% overweight	BRFSS, 2004
23% obese	BRFSS, 2004

### **Adults: Physical Activity**

### **INTERMEDIATE OBJECTIVE 2.1**

Reduce the proportion of adults who engage in no leisure-time physical activity to 15% by 2010.

<b>Baseline</b>	<b>Data Source</b>
20%	BRFSS, 2003

### **SHORT-TERM OBJECTIVES 2.1.1 THROUGH 2.1.12**

#### *A. School*

#### 2.1.1

Increase the number of schools offering opportunities for community physical activity by 2010.

Baseline: Not available  
Potential Sources: Maine HHS Public Health, DOE

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Develop and implement policies for schools to open their facilities for community use, including gymnasiums, ball fields, walking routes (indoor and outdoor), and school gardens.	Fall 2005	Maine HHS Public Health/DOE/HMW
Provide school decision makers with PAN Action Packets focused on physical activity and train them on their use.	Fall 2005	Maine HHS Public Health/DOE/MNN

**Adults Objectives and Key Strategies** *(continued)*

*B. Community*

2.1.2

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

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Establish bike and pedestrian committees in each HMP community that include advocating for local, State, and Federal support.	Spring 2005–ongoing	Maine HHS Public Health
Provide community partners with PAN Action Packets focused on physical activity and train them on their use.	Fall 2005	Maine HHS Public Health/DOE
Develop local plans for adults of all ages to safely connect by walking or biking to neighborhoods, schools, and recreation areas.	Fall 2008	Maine HHS Public Health/DOT/SPO

2.1.3

Increase the number of messages promoting trails, bike paths, walking routes, and other places for physical activity by 2010.

Baseline: Not available

Potential Sources: HMP monitoring tool, Healthy Maine Walks Web site

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Develop and deliver media tools, including <i>Healthy Maine Walks</i> and <i>Explore Maine by Bike</i> Web sites, to market and promote local opportunities for physical activity such as trails, parks, and open facilities for recreation.	Fall 2005	Maine HHS Public Health/DOE

2.1.4

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

Baseline: Not available  
Potential Source: HMP monitoring tool

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Develop and air TV, radio, and/or newsprint messages, including <i>Healthy Weight Awareness Campaign</i> (HWAC) messages, that promote physical activity.	Spring 2005	Maine HHS Public Health/ MNN
Develop and display posters and newsletters, including <i>Healthy Weight Awareness Campaign</i> (HWAC) messages, in community settings that serve adults of all ages to encourage daily physical activity.	Spring 2005	Maine HHS Public Health/ MNN

2.1.5

Increase the number of towns with comprehensive plans that include local design standards to support physical activity through the built environment by 2010.

Baseline: Not available  
Potential Sources: Maine HHS Public Health, DOT, SPO

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Provide sample design standards that support physical activity to local planning boards in each HMP community.	Winter 2008	Maine HHS Public Health/ DOT/SPO
Prioritize funding to towns implementing comprehensive plans that include local design standards to support physical activity.	Winter 2007	Maine HHS Public Health/ DOT/SPO

**Adults Objectives and Key Strategies** *(continued)*

C. *Worksite*

2.1.6

Increase the number of employers with policies that support employees' physical activity by 2010.

Baseline: Not available

Potential Sources: Maine HHS Public Health, regional wellness councils

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Provide training and technical assistance to HMP, using the resource, <i>Good Work! Linking health to the bottom line: Cost-effective strategies for a healthier workplace</i> , to identify worksites for interventions to implement policies for increased physical activity.	Fall 2007	Maine HHS Public Health
Conduct assessment of regional Worksite Wellness Councils in Maine to identify and disseminate best practice resources for policies that support physical activity.	Fall 2008	Maine HHS Public Health

2.1.7

Increase the number of employers with environments that support employees' physical activity by 2010.

Baseline: Not available

Potential Sources: Maine HHS Public Health, MGCPFSHW, regional wellness councils

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Provide training and technical assistance to HMP, using the resource, <i>Good Work! Linking health to the bottom line: Cost-effective strategies for a healthier workplace</i> , to identify worksites for interventions to create environments for increased physical activity.	Fall 2005	Maine HHS Public Health/ MGCPFSHW
Conduct assessment of regional Worksite Wellness Councils in Maine to identify and disseminate best practice resources for environments that support physical activity.	Fall 2008	Maine HHS Public Health

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## 2.1.8

Increase the number of employers who offer educational and support programs for employees' physical activity by 2010.

Baseline: Not available

Potential Sources: Maine HHS Public Health, MGCPFSHW

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Develop and disseminate guidelines for establishing and enhancing incentive programs for employees to participate in physical activity.	Winter 2006	Maine HHS Public Health/ DOE
Develop and disseminate educational tools that support and encourage daily physical activity (e.g., fact sheets, bulletin board templates, walking group formats).	Winter 2006	Maine HHS Public Health
Provide resources to school-based teams at the annual Maine Schoolsite Health Promotion Conference.	Summer 2005	DOE/ MGCPFSHW

## D. Health care

## 2.1.9

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

Baseline: Not available

Potential Sources: Maine HHS Public Health, MAFP

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Provide clinicians with supportive tools and resources to help them to recommend physical activity for adults of all ages.	Winter 2006	OES/ Maine HHS Public Health/ MAFP
Educate staff and clinicians about screening, assessment (including BMI), and counseling related to physical activity as part of routine health care.	Winter 2006	OES/ Maine HHS Public Health/ MAFP

**Adults Objectives and Key Strategies** *(continued)*

2.1.10

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

Baseline: Not available  
Potential Sources: Maine HHS Public Health, MAFP

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Develop a resource guide for providers to refer adults to local community resources for physical activity (e.g., local gyms, adult education classes, community centers, senior centers, YMCAs, YWCAs).	Winter 2008	Maine HHS Public Health/ MAFP

2.1.11

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

Baseline: Not available  
Potential Source: MaineCare

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Educate insurance companies to use Clinical Guidelines for Preventive Services and/or other national clinical prevention standards in determining benefit packages.	Winter 2008	Maine HHS Public Health

2.1.12

Increase the number of Maine insurance payers who provide incentives for employers who address employee preventive health including physical activity by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Disseminate best practice information on insurers who currently offer incentives.	Winter 2007	Maine HHS Public Health
Educate employers regarding best practice models for worksite wellness.	Winter 2007	Maine HHS Public Health

**Adults:** *Consumption of Fruits and Vegetables*

**INTERMEDIATE OBJECTIVE 2.2-A**

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

**Baseline**

27%

**Data Source**

BRFSS, 2003

**Adults:** *Caloric Imbalance and Expenditure*

**INTERMEDIATE OBJECTIVE 2.2-B**

Decrease adult consumption of energy-dense food choices from menus by 2010.

**Baseline**

Developmental indicator: # fast-food visits per week

**Data Source**

To be submitted to BRFSS

**SHORT-TERM OBJECTIVES 2.2.1 THROUGH 2.2.13**

*A. School*

2.2.1

Increase the number of schools offering nutrition education opportunities for families by 2010.

Baseline: Not available

Potential Sources: Maine HHS Public Health, DOE, UMCE

**Key Strategies**

**Time Frame**

**Lead Agency**

Distribute regular nutrition messages to HMPs that can be published in school newspapers, inserts, on menus, and in community newsletters.

Spring 2007

Maine HHS  
Public Health/  
DOE

Assist schools with offering cooking classes to increase use of fruits and vegetables. Provide shopping tips for the supermarkets and farmers' markets, opportunities for use of school gardens, and nutrition education for families.

Spring 2007

Maine HHS  
Public Health/  
DOE/  
MNN/UMCE

**Adults Objectives and Key Strategies** *(continued)*

<b>Key Strategies</b> <i>(continued)</i>	<b>Time Frame</b>	<b>Lead Agency</b>
Assist schools in partnering with CATCH and MNN programs to offer nutrition education opportunities for families.	Spring 2005	Maine HHS Public Health/ MNN
Establish liaisons with universities and colleges to provide nutrition education opportunities to families, students, faculty, and the community.	Fall 2008	Maine HHS Public Health/ DOE/UMCE

*B. Community*

2.2.2

Increase the number of media messages directed to Maine adults on the benefits of eating more fruits and vegetables and making lower-calorie food choices, and on how to maintain a healthy weight by 2010.

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

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Develop and air TV, radio, and/or newspaper messages, including <i>Healthy Weight Awareness Campaign</i> (HWAC) messages, that promote improved nutrition.	Spring 2005	Maine HHS Public Health/ MNN
Conduct communication programs on healthy weight for adults.	Spring 2007	Maine HHS Public Health/ MDNC/MNN/UMCE
Develop and deliver a media campaign to market and promote local foods.	Spring 2006	DAFRR/ Maine HHS Public Health
Distribute regular features/nutrition messages to HMPs that can be published in newspapers and community newsletters.	Spring 2007	Maine HHS Public Health

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## 2.2.3

Increase the number of community events to educate Maine adults on the benefits of eating more fruits and vegetables and making lower-calorie food choices, and on how to maintain a healthy weight by 2010.

Baseline: Not available

Potential Source: HMP monitoring tool

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Distribute promotional planning packets to HMP for 5 A Day Month events, which take place in September.	Spring 2007	Maine HHS Public Health
Identify partners with resources/materials to support community-wide events promoting healthy weight, fruits and vegetables (e.g., UMCE, Maine Dairy & Nutrition Council).	Spring 2007	Maine HHS Public Health/ MDNC/ MNN/UMCE

## 2.2.4

Increase the number of community facilities used by adults that have policies to improve nutritional offerings (more fruits and vegetables and how to maintain a healthy weight) at meetings and events by 2010.

Baseline: Not available

Potential Source: HMP monitoring tool

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Provide community decision makers, including representatives from private and faith-based organizations, with the <i>Develop Policies that Support Healthy Eating at Group Events</i> Action Packet and train them on its use.	Fall 2005	Maine HHS Public Health/ MNN
Distribute farmers' market guides to HMP and assist HMP in developing collaborations to promote use of local foods by community facilities that serve adults of all ages.	Spring 2005	OES/ Maine HHS Public Health/ DAFRR/MNN
Establish community gardens and/or offer farmers' markets in partnership with community facilities that serve adults of all ages.	Spring 2006	OES/ Maine HHS Public Health/ DAFRR/MNN

**Adults Objectives and Key Strategies** *(continued)*

<b>Key Strategies</b> <i>(continued)</i>	<b>Time Frame</b>	<b>Lead Agency</b>
Provide HMP with nutrition guidelines, sample policies, and resources to partner with convenience and grocery stores to implement point-of-decision education and prompts.	Spring 2007	Maine HHS Public Health/ MNN

2.2.5

Increase the number of center-based early child care settings where policies and/or programs support improved nutrition among staff and parents (more fruits and vegetables, lower-calorie food choices, and how to maintain a healthy weight) by 2010.

Baseline: Not available  
Potential Source: OCFS

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Distribute nutrition guidelines and sample policies with recommended portions for licensed day care providers to use and share with parents.	Spring 2008	Maine HHS Public Health/ OCFS
Distribute healthy eating packets with ideas for nutrition activities for licensed day care providers to use and share with parents.	Spring 2007	Maine HHS Public Health/ OCFS

2.2.6

Increase the number of restaurants that display nutrition information at point of decision by 2010.

Baseline: Not available  
Potential Sources: Maine HHS Public Health, MeRA

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Distribute nutrition guidelines and sample recipes to restaurants in HMP communities.	Spring 2009	Maine HHS Public Health/ MeRA
Identify Maine Restaurant Association member restaurants in HMP communities and offer <i>Diner's Choice</i> program.	Fall 2005	Maine HHS Public Health/ MeRA
Provide data and policy briefings to Maine legislators.	Spring 2005– Ongoing	MCHC/MCPH

C. Worksite

2.2.7

Increase the number of employers with policies that support improved nutrition for their employees by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
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
Provide worksite decision makers with PAN Action Packets focused on nutrition and train them on their use.	Spring 2005	Maine HHS Public Health/ MNN

2.2.8

Increase the number of employers with worksite environments that support improved nutrition for their employees by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Provide training and technical assistance to HMP to identify worksites for interventions to create 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
Provide worksite decision makers with PAN Action Packets focused on nutrition and train them on their use.	Spring 2005	Maine HHS Public Health/ MNN

**Adults Objectives and Key Strategies** *(continued)*

2.2.9

Increase the number of employers who offer educational and support programs for employees' improved nutrition by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Disseminate information packets to worksites in HMP communities. Information includes nutrition guidelines and list of supportive activities to promote healthy food choices.	Spring 2008	Maine HHS Public Health
Provide resources to school-based teams at the annual Maine Schoolsite Health Promotion Conference.	Summer 2005	Maine HHS Public Health/ DOE/MNN

*D. Health care*

2.2.10

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

Baseline: Not available  
Potential Sources: Maine HHS Public Health, MAFP

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Distribute packets with screening guidelines, nutrition recommendations, and handouts for adults of all ages to clinicians in HMP communities.	Fall 2008	OES/ Maine HHS Public Health/ MAFP/MDA
Educate staff and clinicians about screening, assessment (including BMI), and counseling related to nutrition as part of routine health care.	Winter 2008	OES/ Maine HHS Public Health/ MAFP/MDA

2.2.11

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

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Distribute packets with screening guidelines, nutrition recommendations, handouts, and list of nutrition referral resources to clinicians in HMP communities.	Fall 2008	Maine HHS Public Health/ MAFP/ MDA
Identify effective multicomponent weight control programs for adults and share with clinicians.	Spring 2008	Maine HHS Public Health/ MAFP/MDA

2.2.12

Increase the number of Maine insurance payers who reimburse for preventive services for adults regarding nutrition by 2010.

Baseline: Not available  
Potential Source: MaineCare

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Distribute information to insurers regarding cost-effectiveness of preventive services, including health screenings and nutrition counseling.	Fall 2008	Maine HHS Public Health/ MDA
Develop a tool kit to educate insurance companies/employers on the benefits of including nutrition counseling. Distribute to HMP.	Fall 2007	Maine HHS Public Health/ MDA

**Adults Objectives and Key Strategies** *(continued)*

2.2.13

Increase the number of Maine insurance payers who provide incentives for employers who address employee preventive health including nutrition by 2010.

Baseline: Not available

Potential Sources: Maine HHS Public Health, regional wellness councils

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Disseminate best practice information on insurers who currently offer incentives.	Winter 2007	Maine HHS Public Health
Educate employers regarding best practice models for worksite wellness.	Winter 2007	Maine HHS Public Health

*Breastfeeding*

**INTERMEDIATE OBJECTIVE 2.3**

Increase the proportion of mothers who are breastfeeding their babies at six months to 50% by 2010.

<b>Baseline</b>	<b>Data Source</b>
25%	PedNSS, 2003

**SHORT-TERM OBJECTIVES 2.3.1. THROUGH 2.3.8.**

*A. School*

2.3.1

Increase the number of high schools with day care and other parenting facilities that have breastfeeding support policies by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Assist school boards and superintendents in schools with day care and other parenting facilities with planning processes to adopt breastfeeding support policies.	Fall 2005	Maine HHS Public Health/ DOE

2.3.2

Increase the number of high schools that include breastfeeding education in the health curriculum by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Provide informational materials and resources to curriculum committees to include appropriate breastfeeding education.	Spring 2007	Maine HHS Public Health/ DOE

**Adults Objectives and Key Strategies** *(continued)*

*B. Community*

2.3.3

Increase the number of public places offering designated areas for breastfeeding by 2010.

Baseline: Not available

Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Implement the <i>Breastfed Babies Welcome Here</i> Campaign. Disseminate signage, benefits to businesses of allowing breastfeeding on the premises, and content of the “Right to Breastfeed” Law.	Summer 2006	Maine HHS Public Health
Arrange a system of recognition awards for retailers and organizations that have policies and best practices in place that support breastfeeding.	Summer 2006	Maine HHS Public Health
Assess building/construction plans for inclusion of designated areas for breastfeeding.	Fall 2008	Maine HHS Public Health

2.3.4

Increase media messages that promote the benefits of breastfeeding in community settings by 2010.

Baseline: Not available

Potential Source: Maine HHS Public Health

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Provide <i>Loving Support</i> Campaign materials to community organizations, local businesses, faith-based and private organizations, as well as other community settings. Materials include public service announcements, paid advertising, and breastfeeding-friendly books provided to local libraries to use in reading circles.	Spring 2006	Maine HHS Public Health

C. *Worksite*

2.3.5

Increase the number of employers with policies that support employees who are breastfeeding (designated areas, flextime) by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Develop and administer survey for local chambers of commerce members to elicit baseline data.	Fall 2005	Maine HHS Public Health
Provide sample policies and information on benefits to businesses of having employees breastfeed their babies.	Fall 2005	Maine HHS Public Health

D. *Health care*

2.3.6

Increase the number of “Baby-Friendly” designated hospitals by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Continue marketing and providing technical assistance to hospitals to establish “Baby-Friendly” designation.	Fall 2005– ongoing	Maine HHS Public Health

**Adults Objectives and Key Strategies** *(continued)*

2.3.7

Increase the number of clinicians who screen and advise for improved breastfeeding pre- and post-natally by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Partner with hospitals and primary care practices providing obstetrical and women's health services to include breastfeeding information in their newsletters, intranets, and bulletin boards.	Fall 2005	Maine HHS Public Health
Update the breastfeeding resource guide and disseminate to hospitals and primary care practices providing obstetrical and women's health services.	Fall 2005	Maine HHS Public Health
Print and disseminate laminated cards with information about breastfeeding norms, best practices, and resources for every exam room to hospitals and primary care practices providing obstetrical and women's health services.	Summer 2005	Maine HHS Public Health

2.3.8

Increase the number of clinicians who refer to community resources for breastfeeding promotion by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Print and disseminate laminated cards with information about community resources, breastfeeding norms, and best practices for every clinician and every exam room to hospitals and primary care practices providing obstetrical and women's health services.	Summer 2005	Maine HHS Public Health

*Food Safety*

**LONG-TERM OBJECTIVE 3**

Reduce by 10% the number of food-borne illnesses caused by improper food handling by 2010.

**Baseline**

**Data Source**

Developmental

To be determined

**INTERMEDIATE OBJECTIVE 3.1**

Increase to at least 79% the proportion of consumers who follow food safety practices by 2010.

**Baseline**

**Data Source**

72%

USDA, 1998

**SHORT-TERM OBJECTIVES 3.1.1 THROUGH 3.1.4**

*A. School*

3.1.1

Increase the number of schools that incorporate food safety and hand washing topics in their health curricula by 2010.

Baseline: Not available  
Potential Source: DOE

**Key Strategy**

**Time Frame**

**Lead Agency**

Use the CSHE framework to provide schools with materials and resources aligned with the Maine *Learning Results* that enable them to incorporate food safety and hand washing.

Winter 2006

Maine HHS  
Public Health/  
DOE

*B. Community*

3.1.2

Increase the number of center-based day cares and other community organizations that have hand washing information posted and food safety policies in place by 2010.

Baseline: Not available  
Potential Source: OCFS

**Adults Objectives and Key Strategies** *(continued)*

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Provide day cares with materials and teaching guides that enable them to incorporate hand washing and food safety in their day care facilities.	Winter 2006	Maine HHS Public Health/ OCFS
Distribute food safety guidance and teaching materials to community organizations, including faith-based and private organizations.	Spring 2007	Maine HHS Public Health/ DAFRR/DOE

*C. Worksite*

3.1.3

Increase the number of small business and nonprofit employers who have hand washing information posted and food safety policies in place by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Distribute food safety materials and teaching guidance to employers, including small businesses and nonprofits.	Spring 2007	Maine HHS Public Health/ DAFRR/DOE

*D. Health care*

3.1.4

Increase the number of health care practices and hospitals that have hand washing information posted and food safety policies in place by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Distribute food safety materials to health care practices and hospitals for display in waiting areas.	Spring 2007	Maine HHS Public Health/ DAFRR/DOE

*Food Security*

**LONG-TERM OBJECTIVE 4**

Increase by 20% the proportion of Maine people who have access in a socially acceptable manner to enough food for an active, healthy life by 2010.

**Baseline**

**Data Source**

Not available

**INTERMEDIATE OBJECTIVE 4.1**

Increase to at least 94% the proportion of households in Maine that are food secure by 2010.

**Baseline**

**Data Source**

91%

U.S. Census Bureau, 1999

**SHORT-TERM OBJECTIVES 4.1.1 THROUGH 4.1.5**

*A. School*

4.1.1

Increase the number of schools that participate in school meals programs (breakfast, lunch, after school, summer) 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, particularly in low-income geographic areas.

Spring 2005

DOE

**Adults Objectives and Key Strategies** *(continued)*

*B. Community*

4.1.2

Increase the number of community-supported agriculture venues by 2010.

Baseline: Not available  
Potential Source: DAFRR

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Partner with the Department of Agriculture to provide information and technical assistance to establish more individual and community gardens, farmers' markets, and farm-share programs to raise awareness of local seasonal products.	Spring 2007	Maine HHS Public Health/ DAFRR/ DOE

4.1.3

Increase the number of households that receive information to improve food security by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Develop and disseminate sample menus and guidelines for smart shopping, and distribute <i>Eat Well</i> newsletters as direct mail to Food Stamp recipients and at WIC clinics.	Spring 2008	Maine HHS Public Health/ MNN/ UMCE
Provide information on food and nutrition assistance programs to Maine's most needy populations, including the elderly.	Spring 2008	OES/ Maine HHS Public Health/ DOE

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## C. Worksite

### 4.1.4

Increase the number of small businesses that provide exit-from-work packets that include information on food assistance programs by 2010.

Baseline: Not available  
Potential Source: DOL

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Partner with the Department of Labor to provide Federal nutrition program information to small businesses to include in exit-from-work packets.	Spring 2007	Maine HHS Public Health/ DAFRR/ DOE/DOL

## D. Health care

### 4.1.5

Increase the volume and breadth of disseminated food assistance information to health care settings by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategy</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Disseminate food assistance program information to health care facilities for display in waiting areas.	Spring 2007	DAFRR/ Maine HHS/ Public Health/ DOE

**Adults Objectives and Key Strategies** *(continued)*

*Eating Disorders*

**LONG-TERM OBJECTIVE 5**

Reduce by 10% the proportion of Maine people who use weight loss strategies that endanger their health by 2010.

<b>Baseline</b>	<b>Data Source</b>
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4% of male and 10% of female high school students vomited or took laxatives to lose weight or keep from gaining weight during the past 30 days.	YRBSS, 2003
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19% of middle school students went without eating for 24 hours or more to lose weight or keep from gaining weight.	YRBSS, 2003
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**INTERMEDIATE OBJECTIVE 5.1**

Reduce the number of people with eating disorders, including anorexia nervosa and bulimia nervosa, by 2010.

<b>Baseline</b>	<b>Data Source</b>
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Developmental	To be determined
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**SHORT-TERM OBJECTIVES 5.1.1 THROUGH 5.1.4**

*A. School*

5.1.1

Increase the number of schools that provide information about and identification of eating disorders by 2010.

Baseline: Not available  
Potential Sources: Maine HHS Public Health, DOE

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
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Provide education for parents, coaches, teachers, school nurses, and guidance counselors on identification of eating disorders.	Winter 2006	Maine HHS Public Health/DOE
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<b>Key Strategies (continued)</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Use the CSHE framework to distribute resources and require teacher training regarding eating disorders. Provide technical assistance regarding the sensitivity and appropriateness for incorporation into the health education curriculum.	Fall 2008	Maine HHS Public Health/ DOE
Identify and disseminate appropriate referral systems for individuals with eating disorders.	Spring 2009	Maine HHS Public Health/ DOE

## B. Community

### 5.1.2

Establish a model for community partnering to identify and refer individuals with eating disorders by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Develop a model for community partnering, identify initial community partners, and replicate with additional partners.	Spring 2008	Maine HHS Public Health/ DOE
Disseminate to community partners information about eating disorders, including health risks, warning signs, referral protocols, and confidentiality.	Fall 2008	Maine HHS Public Health/ DOE

## C. Worksite

### 5.1.3

Establish a model for employee partnering to identify and refer individuals with eating disorders by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

**Adults Objectives and Key Strategies** *(continued)*

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Develop a model for employee partnering, identify initial worksite partners, and replicate with additional partners.	Spring 2008	Maine HHS Public Health
Disseminate to worksite partners information about eating disorders, including health risks, warning signs, referral protocols, and confidentiality.	Fall 2008	Maine HHS Public Health

*D. Health care*

5.1.4

Increase the number of health care providers who report screening for and treating/referring individuals with eating disorders by 2010.

Baseline: Not available  
Potential Source: Maine HHS Public Health

<b>Key Strategies</b>	<b>Time Frame</b>	<b>Lead Agency</b>
Identify and compile best practice protocols for screening and referrals for individuals with eating disorders.	Winter 2009	Maine HHS Public Health/ DOE
Disseminate screening and referral information to appropriate health care providers.	Winter 2009	Maine HHS Public Health/ DOE/ME-AAP