HANCOCK COUNTY, MAINE
Community Health Improvement Plan
2012-2016

MAPP Phase 6 ~ ACTION PLAN
Mobilizing for Action through Planning & Partnerships
# Table of Contents

## Acknowledgements


## Participants


## Introduction & Methods

### Overview


### Background


### Work Plan


### Work Plan Schedule


### Public Outreach Plan


## Community Vision


## Action Plan Framework


## Priority Goals & Objectives Summary


## Action Plan: Goals, Objectives, Action Steps

### Goal 1: Local Food


### Goal 2: Movement


### Goal 3: Healthful Services


### Goal 4: Positive Social Development


### Goal 5: Healthy Environments


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**For more information**, or to get involved in building healthier communities, contact:

- Doug Michael:  
  doug@healthyacadia.org  
  (207) 288-5331

- Elsie Flemings:  
  elsie@healthyacadia.org  
  (207) 288-5331

- Ron Beard:  
  ronald.beard@maine.edu  
  (207) 667-8212

- Jim Fisher:  
  jfisher@hcpcme.org  
  (207) 667-7131
Acknowledgements

Healthy Acadia’s Hancock County Community Health Improvement Action Plan would not have been possible without the support of multiple funders, volunteers, staff and consultants.

Thank you to Ron Beard, Professor with the University of Maine Cooperative Extension; James Fisher PhD, AICP Senior Planner of the Hancock County Planning Commission; Barbara Hannon, Vice President of Mount Desert Island Hospital; and Al May, Public Health District Liaison, Maine CDC, for their leadership in guiding this stage of Hancock County’s health planning and community engagement process.

Thank you also to local (subregional) community health coalitions, including Union River Healthy Communities, Healthy Peninsula, Ellsworth Area Healthy Communities and Bucksport Bay Healthy Communities. These coalitions mobilized hundreds of citizens to help identify issues, priorities and opportunities for action.

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Local funding support has been generously provided by the Mount Desert Island Hospital Organization.

Healthy Acadia is Hancock County’s Healthy Maine Partnership. Maine’s Healthy Maine Partnerships are a collaborative effort among 27 local coalitions, the Maine DHHS (Maine CDC and Office of Substance Abuse) and DOE, supported primarily by the Fund for a Healthy Maine and with federal grants from the US CDC, SAMHSA, and DOE.
Participants

MAPP Advisory Committee

Enoch Albert – Nurse, MDI Hospital; Conservation Commission Member
Ronald Beard – Extension Professor, UMaine Cooperative Extension
Ben Billings – Wellness Coordinator, Jackson Laboratory
Milja Brecher-DeMuro – Counselor, Acadia Family Center
Maria Burdette – High School Student, Mount Desert Island High School
Debra Chalmers – Executive Director, Straus Adult Day Center
Jo Cooper – Executive Director, Friends in Action
John Craigo – Rehabilitation Manager/Physical Therapist, Sonogee Living Center
Mary Cuskelly – School Health Coordinator, RSU 25
Debra Deal – Executive Director, Camp Beech Cliff
Angie Delvecchio – Nurse Practitioner, Cadillac Family Practice
Ellen Dohmen – Retired Nurse; Board of Appeals
Maria Donahue – School Health Coordinator, MDI Regional School System
Jim Fisher – Senior Planner, Hancock County Planning Commission
Jack Frost – Executive Director, Maine Coast Healthcare Foundation
Barbara Hannon – Vice President of Clinical Services, MDI Hospital
Kim Harty – Executive Director, MDI YMCA
Patty Herklotz – Medical Social Worker, Hancock County Homecare
Kim Hutchinson – Social Worker
Suzie James – Youth Director, MDI YMCA
Ingrid Kachmar – Executive Director, Harbor House
John Kelly – Park Planner, Acadia National Park
Craig Kesselheim – Senior Associate, Great Schools Partnership
Hon. Brian Langley – Hancock County State Senator
Fay Lawson – Hancock County Commissioner
Emily Lowell – Farmer, Social Worker
Hon. Louie Luchini – Ellsworth Region State Representative
Kate Macko – Sustainable Business Program Administrator
Keating McFarland – High School Student, Mount Desert Island High School
Kenney Miller – Executive Director, Downeast AIDS Network
Anne Napier – Projects & Grants Facilitator, Mount Desert Island Hospital
Allie Nolan – Director of Resident Services, Ellsworth/MDI Housing Authority
Ed Oechslie – Artist and Art Therapist, Acadia Family Center
Timothy Oh – Executive Director, Caring Hands of Maine Dental Clinic
Helena Peterson – Community Health Teams Program Manager, Quality Counts
Scott Planting – Executive Director, Maine Seacoast Mission
Wanda Porter – Local Health Officer
Katie Richardson – AmeriCorps VISTA Volunteer, MDI Regional School System
Lauren Rupp – Coordinator of Wellness & Campus Engagement, College of the Atlantic
Micki Sumpter – Executive Director, Ellsworth Chamber of Commerce
Ryan Swanson – Broker, RE/MAX Hills & Harbor Realty
Chris Thornton – Deputy Hancock County Sheriff
Barbara Vittum – Executive Director, Cancer Support Center of Maine
Karen Volckhausen – Farmer, Happy Town Farms
Paul Volckhausen – Farmer, Happy Town Farms
Aimee Walls – Director of Care Management, MDI Hospital
Donna Wiegle – Director of Services, Swan’s Island Mill Pond Health Center
Karen Wilcock – Interim Director, Union River Healthy Communities

Core MAPP Planning Team

Ron Beard – Extension Professor, UMaine Cooperative Extension
Elsie Flemings – Community Relations & Development Director, Healthy Acadia
Jim Fisher – Senior Planner, Hancock County Planning Commission
Barbara Hannon – Vice President of Clinical Services, Mount Desert Island Hospital
Doug Michael – Executive Director, Healthy Acadia

Phase 6 Action Teams

Local Food Team
Katie Freedman – Food, Farm & Nutrition Coordinator, Healthy Acadia
Fay Lawson – Hancock County Commissioner
Emily Lowell – Farmer, Social Worker
Katie Richardson – AmeriCorps VISTA Volunteer, MDI Regional School System
Ryan Swanson – Broker, RE/MAX Hills & Harbor Realty
Karen Volckhausen – Farmer, Happy Town Farms
Paul Volckhausen – Farmer, Happy Town Farms

Movement Team
Debra Deal – Executive Director, Camp Beech Cliff
Jim Fisher – Senior Planner, Hancock County Planning Commission
Suzie James – Youth Director, MDI YMCA
Ingrid Kachmar – Executive Director, Harbor House
Maria Donahue – School Health Coordinator, MDI Regional Schools
Healthful Services Team
Linda Belfiore – Transportation Services Director, Washington Hancock Community Agency
Donald Cooper – Senior Transportation Planner, Eastern Maine Development Corporation
Jo Cooper – Executive Director, Friends in Action
Elsie Flemings – Community Relations & Development Director, Healthy Acadia
Heather Fowler – Physician Recruiter, Maine Coast Memorial Hospital
Jack Frost – Executive Director, Maine Coast Healthcare Foundation
Carrie Limeburner – Executive Director, Island Connections
Allie Nolan – Director of Resident Services, MDI-Ellsworth Housing Authority
Timothy Oh – Executive Director, Caring Hands of Maine Dental Clinic
Michael Reisman – Executive Director, Beth C. Wright Cancer Center
Barbara Vittum – Executive Director, Cancer Support Center of Maine
Aimee Walls – Director of Care Management, MDI Hospital
Karen Wilcock – Interim Director, Union River Health Communities
Donna Wiegle – Director of Services, Swan’s Island Mill Pond Health Center

Positive Social Development Team
Milja Brecher-DeMuro – Counselor, Acadia Family Center
Kim Hutchinson – Social Worker
Kenney Miller – Executive Director, Downeast AIDS Network
Chris Thornton – Deputy Hancock County Sheriff

Healthy Environments Team
Enoch Albert – Nurse, MDI Hospital; Conservation Commission Member
Ben Billings – Wellness Coordinator, Jackson Laboratory
Kelly Corson – Community Health Coordinator, Healthy Acadia
John Kelly – Park Planner, Acadia National Park
Al May – District Liaison, Downeast District, Maine Center for Disease Control & Prevention

For More Information, Please Contact:
Doug Michael – Executive Director, Healthy Acadia
(207) 288-5331, doug@healthyacadia.org
Elsie Flemings – Community Relations & Development Director, Healthy Acadia
(207) 288-5331, elsie@healthyacadia.org
Jim Fisher – Hancock County Planning Commission
(207) 667-7131, jfisher@hcpcme.org
Ron Beard – UMaine Cooperative Extension
(207) 667-8212, ronald.beard@maine.edu
Al May – Public Health District Liaison, Maine Center for Disease Control & Prevention
(207) 255-2017, alfred.may@maine.gov
Introduction & Methods

Hancock County 2012 Community Health Improvement Plan

Mobilizing for Action through Planning and Partnerships

Phase 6: THE ACTION CYCLE

Overview

This report serves as the Community Health Improvement Action Plan for Hancock County, Maine. Healthy Acadia, the Healthy Maine Partnership serving Hancock County, coordinated the development of this Action Plan, using the MAPP process (Mobilizing for Action through Planning and Partnerships). The Action Plan is the central component of MAPP’s Phase 6. It is the culmination of several years of planning, public participation, research, analysis and community organizing.

The five preceding MAPP phases include:

- Phase 1: Organize for Success / Partnership Development
- Phase 2: Visioning
- Phase 3: The Four MAPP Assessments
- Phase 4: Identify Strategic Issues
- Phase 5: Formulate Goals and Strategies

Phase 6 follows on the earlier stages by putting into action the Phase 5 Goals and Strategies. This is done through the development of SMART\(^1\) objectives and action steps that are measurable and time specific, as well as through implementation and evaluation of the action steps and objectives.

The three elements of Phase 6 are:

- **Planning:** Determining what will be done, who will do it, and how it will be done through an action plan with SMART objectives and measurable action steps.
- **Implementation:** Carrying out the activities identified in the Action Plan.
- **Evaluation:** Determining what has been accomplished.\(^2\)

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1. SMART objectives are “Specific, Measurable, Achievable, Realistic, and Time-Specific”

2. Source: MAPP Handbook
This document provides readers with the Phase 6 Action Plan for community health improvement in Hancock County.

Healthy Acadia’s Hancock County Action Plan is a living document. While Phase 6 is currently projected to continue for five years and possibly longer, conditions will change and the plan will likely also change to remain relevant. As objectives are completed, partners are expected to innovate new tasks and additional implementation activities. The evaluation process should feed back into planning at least biennially.

**Background**
In 2011, the Maine Center for Disease Control and Prevention (MeCDC) awarded Healthy Acadia with a five-year Healthy Maine Partnership (HMP) contract to provide public health services throughout Hancock County, Maine. As a component of this contract, Healthy Acadia is responsible for coordinating MAPP Phase 6 of the community health planning process for all of Hancock County. Prior to the 2011 Hancock County-wide HMP contract, 5 subregional coalitions were responsible for MAPP Phase 5 Health Plans for various subregions of Hancock County. The five subregional coalitions included Healthy Acadia, Healthy Peninsula, Bucksport Bay Healthy Communities, Union River Healthy Communities and Ellsworth Area Healthy Communities. These plans established broad goals and strategies through extensive public input, research and data analysis.

Each of the MAPP Phase 5 plans presents distinct visions, goals and strategies, and employs distinct formats, reflecting varied priorities across the county as well as varied strengths of the teams that authored the documents. As the HMP now serving all of Hancock County, Healthy Acadia has been responsible for analyzing each of the MAPP Phase 5 subregional plans, reaching out again to community members across Hancock County for participation in the health planning process, and developing a cohesive Phase 6 Action Plan for the entire county. Throughout this process, Healthy Acadia has focused on honoring the various priorities of each Phase 5 plan, finding commonalities, continuing to gather community-wide input, and setting countywide priorities.

The subregional organizations continue to function in a variety of capacities. Healthy Acadia, representing Hancock County as a whole, will be working with partners across the region to implement the countywide Phase 6 objectives and action steps. Meanwhile, the subregional coalitions may choose to implement plans they created in Phases 1 – 5, or they may elect to work toward the county-level objectives in this Phase 6 Action Plan.
Work Plan
At the start of Phase 6, Healthy Acadia developed a work plan based on MAPP guidance to establish the process for implementing MAPP Phase 6. Below is the outline of the work plan, as well as a chart defining the work plan schedule.

Planning
1. Organize for Action
   a. Identify key partners – populate steering committee
   b. Establish responsibility / leadership for elements of the plan
   c. Formalize communications protocol including meetings, email, social media, etc.

2. Develop Objectives and Establish Accountability
   a. Review and synthesize strategies and goals from five plans
   b. Work with partners to set objectives or milestones for implementation
   c. Agree upon responsible parties for each objective

3. Develop Action Plans
   a. Summarize specific action items in bullets or tables
   b. Assign responsibilities for action items
   c. Prepare a budget for plan implementation

Implementation
4. Review action plans for coordination opportunities
   a. Streamline activities
   b. Integrate activities, identifying relationships between objectives

5. Implement and monitor action plans

Evaluation
6. Prepare for evaluation activities
   a. Identify and enlist stakeholders
   b. Establish what is to be evaluated

7. Evaluation design
   a. Formulate questions to be answered, such as efficacy and efficiency of project implementation
   b. Establish protocol for gathering and analyzing data

8. Gather credible evidence and justify conclusions
Hancock County – Community Health Improvement Action Plan 2012 - 2016

a. Collect and analyze pertinent data
b. Prepare reports or other evaluation documents

9. Share lessons learned and acknowledge success
   a. Public presentations of progress
   b. Online tracking of program implementation and outcomes

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<tr>
<th>Work Plan Schedule</th>
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<th>2012</th>
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<td>Develop Objectives and Establish Accountability</td>
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<td>Develop Action Plans</td>
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<td>Implementation</td>
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<tr>
<td>Review action plans for coordination opportunities</td>
<td>C</td>
<td>M</td>
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<tr>
<td>Implement and monitor action plans</td>
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<td>Evaluation</td>
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<td>Prepare for evaluation activities</td>
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<td>Evaluation design</td>
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<tr>
<td>Gather credible evidence and justify conclusions</td>
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<td>Share lessons learned</td>
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- C – Core MAPP Planning Team
- M – MAPP Advisory Committee Meeting
- T – Action Theme Teams
- R – Report Submitted

Public Outreach Plan

Implementation of any plan requires that the stakeholders take an active interest in seeing that work is carried out. Public participation in the planning process can boost awareness and active adoption of the plans’ objectives and strategies.

Healthy Acadia developed this Phase 6 Action Plan using the following four-tier process:

1) A core MAPP Planning Team created documents, gathered data and organized activities. Various configurations of the core team met multiple times per month during the ten-month planning process.
2) A broad **MAPP Advisory Committee** met periodically (monthly or bi-monthly) to review plans and progress reports, and to contribute to networking with the broader community.

3) **Action Teams** convened for each of 5 goal areas; they established priority strategies, developed detailed action steps, and engaged partners committed to local action.

4) **The Public at large** is encouraged to learn about the public health process and was invited to provide input through surveys, social media and meetings.

The Action Plan detailed in this document has been written using an iterative process, which cycled between the Core Planning Team, the broad Advisory Committee, the Action Teams, and the public at large. These groups will continue to play key roles in implementing and evaluating the Action Plan. The Core Planning Team provides design, guidance and oversight to the process. The Advisory Committee provides direct input, builds public awareness and generates comments and questions. The Action Teams further engage community partners and stakeholders as they mobilize for action. The Workplan schedule indicates milestones for completion of plan elements.
Community Vision

2012 Hancock County Community Vision:
Hancock County is home to diverse, vibrant communities where healthful resources are available and people work together for the common good.

The five subregional community health improvement plans developed in Phase 5 of the MAPP process independently expressed very similar visions. These visions, like their plans, will continue to drive actions by the community coalitions and their local partners.

In the work to synthesize the five subregional plans, Healthy Acadia’s MAPP Advisory Team developed a countywide vision based on the visions of the five subregional plans. All five subregional plans emphasize the role of community in providing access and mutual support for health. Similarly, the countywide vision developed by the MAPP Team centers on community.

Communities in Hancock County take many forms, from local governments and village centers to faith communities and social organizations. Healthy Acadia’s countywide vision rests upon the importance of community, and the critical roles people play in working together to make lasting improvements to health.

Five subregional plan visions:

Healthy Acadia: Vibrant communities where people thrive and healthful resources are easily accessible.
Healthy Peninsula: Communities that support all adults and children to enrich their lives, to make healthy choices for body, mind and spirit, and to achieve their potential to contribute to the common good.
Bucksport Bay: Bucksport Bay communities mobilizing and engaging all citizens to actively work to improve the health and quality for life for everyone by working together.
Ellsworth Area Healthy Communities: Communities that support all adults and children to enrich their lives, to make healthy choices for body, mind and spirit, and to achieve their potential to contribute to the common good.
Union River Healthy Communities: expressed separate visions for each of nine strategic health issues. To paraphrase: People can eat well, be active, and remain healthy in a supportive natural, physical and social environment.
WHO is going to do WHAT, WHEN, and TO WHAT EXTENT?

We operationalized the MAPP Phase 5 strategic issues by developing an Action Plan with synthesized goals, SMART objectives, and concrete action steps. The SMART acronym summarizes key characteristics of objectives that enable the action plan to be implemented successfully, namely that the objectives should be **specific, measurable, achievable, realistic, and time-sensitive.**

‘SMART’ Objectives:

The Core MAPP Team drafted objectives that encompassed the broad range of priorities from the earlier efforts. In particular, the goals and strategies from the five subregional plans as well as extensive input from the Hancock County MAPP Advisory Committee and other community members gave foundation to the final objectives.

Through an iterative process, the MAPP Advisory Committee then worked to prioritize the various objectives, based on numerous criteria, including the level of enthusiasm surrounding objectives, the capacity for action, the potential impact for health, and the level of benefit. The Advisory Committee also worked to group the objectives into larger goal areas that encompassed the full range of priorities.

Through this iterative process, Healthy Acadia developed five goal areas, each with multiple selected objectives. An important component of the Phase 6 MAPP Action Plan is to prioritize objectives within each goal area, in order to channel action to implement change. Accordingly, the MAPP Advisory Committee selected **two primary objectives** for each goal area.

While the Advisory Committee recognized the importance of selecting the two primary objectives for each goal area, they also recognized the importance of honoring the hard work of the prior coalitions and maintaining the larger number of selected objectives in the Action Plan. Those multiple objectives for each goal area had been developed through the iterative
Hancock County – Community Health Improvement Action Plan 2012 - 2016

countywide process reflected the priorities of the earlier plans and the many health challenges facing the region. Therefore, the objectives that were not prioritized as “primary objectives” were designated as secondary objectives.

Both primary and secondary objectives are included in this report. The primary objectives rose to the top in the selection process as being the most important to work on immediately and inspiring the greatest capacity and enthusiasm. The secondary objectives remain an important part of the countywide plan to be taken up at a later date or when opportunities arise.

The five goals of the Hancock County Phase 6 Action Plan are:

1. Local Food
2. Movement
3. Healthful Services
4. Positive Social Development
5. Environmental Health

Below is a summary of the goals and primary objectives. Following the summary are tables detailing the goals, the primary and secondary objectives for each goal, and action steps for each objective. The tables for the primary objectives are more detailed, as they are the objectives on which the Action Teams have started to focus their attention. If and when secondary objectives are taken up for action, their action steps and timelines will be detailed to a greater extent.

Within the primary objective tables, we have identified specific action steps for which Healthy Acadia will be responsible. For these action steps, “Healthy Acadia” has been identified in the far right column as the “Lead Organization.” Healthy Acadia commits to implementing these steps in the coming years. Certain partner organizations have been identified as “Lead Organizations” on other action steps, having committed to taking the lead on those actions. For the remaining action steps, the Action Teams will continue to meet and partners will continue to engage in implementing the objectives. As this work continues, more organizations will commit to taking the lead on other action steps, and we will work together to move the objectives forward.

This plan is a regional health improvement plan, intended to engage organizations and individuals in the work of building healthier communities together. It will take many partnerships and much public engagement to fully complete the action plan. We look forward to continuing to engage our partners in this exciting effort to implement the locally rooted objectives, shaped by community members across the region.
Priority Goals & Objectives Summary

GOAL 1 - Local Food: Sustain people & rural communities

*Strategic Vision:* We build on our tradition of sustainable agriculture and fisheries to assure healthy local foods are an easy, affordable and popular choice in Hancock County.

*Primary SMART Objectives:*

- By 2016, increase by 20 the number of community outlets providing increased access to healthy, affordable, locally harvested foods.

- By 2016, increase by 10 the number of Hancock County schools that provide students with new or expanded Farm to School and healthy food experiences.

GOAL 2 - Movement: Physical activity in the daily lives of all

*Strategic Vision:* We build our towns and organize community systems to create ample opportunities for walking, biking and social movement. Physical activity is a viable option for recreation and transportation.

*Primary Smart Objectives:*

- By 2016, 4 schools will adopt programs or policies that support walking and bicycling.

- By 2016, 4 community locations will be created or expanded for daily walking, cycling or other forms of physical activity.

GOAL 3 - Healthful Services: Empowering independence with support for basic needs

*Strategic Vision:* We connect people of all ages with quality, affordable health and social services regardless of income. We age well with dignity, comfort and choice.
Primary Smart Objectives:

• By 2016, there will be a 25% increase in the number of rides provided to and from health and social service appointments for individuals in need by 2016.

• By 2016, the number of low-income children receiving preventive oral exams or treatment will increase by 1000.

GOAL 4 - Positive Social Development: Building resilient people of all ages, surrounded by strengths

Strategic Vision: We provide the positive supports necessary for every child to aspire, learn and grow safely into healthy, resilient and contributing community members. Substance abuse, domestic violence and other social ills are declining while educational attainment is on the rise.

Primary Smart Objectives:

• By 2016, 10 schools will adopt or expand comprehensive health policies & programs that provide supports for kids to thrive.

• By 2016, reduce by 15% the rate of alcohol and substance abuse among youth and adults.

GOAL 5 - Healthy Environments: Building healthy indoor and outdoor spaces for healthy people

Strategic Vision: We respect, protect and conserve our natural resources & built environments so they protect, preserve and sustain healthy people. Our air, land, water and indoor spaces are clean and free from toxins.

Primary Smart Objectives:

• By 2016, increase by 300 the number of homes or work places that have reduced health risks to occupants due to lead, radon, tobacco smoke, arsenic and other contaminants.

• By 2016, increase by 300 the number of homes or work places that have reduced energy loss and greater energy efficiency.
GOAL 1 - Local Food:
Sustain People & Rural Communities

Strategic Vision: We build on our tradition of sustainable agriculture and fisheries to assure healthy local foods are an easy, affordable and popular choice in Hancock County.

With collective action, our communities experience the health, environmental, economic, and social benefits that arise from:

- Adoption of policies that enable the production, access and consumption of healthy foods
- Increased production of sustainably grown and harvested food (farming, fishing, aquaculture)
- Increased access to local healthy food in public venues (schools, workplaces, hospitals, nursing homes, grocery stores)
- Educational opportunities that help people to value, grow, access and prepare healthy foods
- Increased consumption of fruits and vegetables (across all ages and income levels)

LOCAL FOOD – PRIMARY OBJECTIVES:

<table>
<thead>
<tr>
<th>What</th>
<th>When</th>
<th>Indicator</th>
<th>Lead Organization</th>
</tr>
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<tbody>
<tr>
<td><strong>Smart Objective 1</strong></td>
<td>By 2016, increase by 20 the number of community outlets providing increased access to healthy, affordable, locally harvested foods</td>
<td>2016</td>
<td>20 outlets provide increased access</td>
</tr>
<tr>
<td><strong>Action 1.1</strong></td>
<td>Publish Hancock County Farmers’ Market and Farm Stand Guide online and in limited print edition</td>
<td>May, 2013 - June, 2016</td>
<td>Downloadable PDF on Website, Enews, Facebook</td>
</tr>
<tr>
<td><strong>Action 1.2</strong></td>
<td>Distribute Farmers’ Market Guide to Food Security Organizations (FSO’s)</td>
<td>May, 2013 - June 2016</td>
<td>1000 Print copies distributed to 15 FSO’s</td>
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<tr>
<td><strong>Action 1.3</strong></td>
<td>Increase locally grown produce in grocery stores; explore cooperative models like Seven Arts; use as model to eventually scale up for larger chain stores</td>
<td>2012 - 2016</td>
<td>3 grocery stores start/ increase carrying of local produce</td>
</tr>
<tr>
<td><strong>Action 1.4</strong></td>
<td>Promote acceptance of SNAP/WIC benefits at farmers’ markets, providing wireless machines to participating</td>
<td>2012 - 2016</td>
<td>2 Farmers Market accept EBT/SNAP</td>
</tr>
</tbody>
</table>
### Hancock County – Community Health Improvement Action Plan 2012 - 2016

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<tr>
<th>What:</th>
<th>When:</th>
<th>Indicator:</th>
<th>Lead Organization:</th>
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<tbody>
<tr>
<td>markets</td>
<td>program</td>
<td>(DBA)</td>
<td></td>
</tr>
<tr>
<td><strong>Action 1.5</strong></td>
<td>Promote use of SNAP/WIC benefits at participating farmers’ markets to low-income populations</td>
<td>2013 - 2016</td>
<td>10 locations promoting to clients</td>
</tr>
<tr>
<td><strong>Action 1.6</strong></td>
<td>Develop “Double Your Benefits” program for SNAP/WIC farmers’ market shoppers</td>
<td>2012 - 2016</td>
<td>1 farmers’ market provides double benefits</td>
</tr>
<tr>
<td><strong>Action 1.7</strong></td>
<td>Develop educational opportunities in food preparation and preservation at convenient market locations</td>
<td>2012 - 2016</td>
<td>3 available classes each year</td>
</tr>
</tbody>
</table>

### Potential Partners
University of Maine Cooperative Extension; Farmers; Grocery Stores; Farmers’ Markets; Food Pantries; Soup Kitchens, Downeast Business Alliance

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<tr>
<td><strong>Smart Objective 2</strong></td>
<td>By 2016, increase by 10 the number of Hancock County schools that provide students with new or expanded Farm to School and healthy food experiences</td>
<td>2016</td>
<td>10 schools provide increase Farm to School &amp; healthy food experiences</td>
</tr>
<tr>
<td><strong>Action 2.1</strong></td>
<td>Provide schools with model guidelines for purchase and preparation of locally grown foods in school lunch</td>
<td>2012 - 2013</td>
<td>Guidelines provided to 25 schools</td>
</tr>
<tr>
<td><strong>Action 2.2</strong></td>
<td>Engage schools to participate in the Healthier US School Challenge</td>
<td>2013 - 2015</td>
<td>4 schools enrolled</td>
</tr>
<tr>
<td><strong>Action 2.3</strong></td>
<td>Broker advance purchase relationships between schools and local farms - School Supported Agriculture (SSA’s)</td>
<td>2013 - 2016</td>
<td>5 schools enter into SSA Purchase Agreements per year</td>
</tr>
<tr>
<td><strong>Action 2.4</strong></td>
<td>Publish &amp; distribute a directory of local farm &amp; food producers offering wholesale and advanced purchasing to area schools</td>
<td>2012 - 2016</td>
<td>Guide distributed to all school food service staff</td>
</tr>
<tr>
<td><strong>Action 2.5</strong></td>
<td>Engage elementary schools with taste-testing and cider pressing events</td>
<td>2012 - 2016</td>
<td>15 Schools participate in hands on taste-testing events</td>
</tr>
<tr>
<td><strong>Action 2.6</strong></td>
<td>Coordinate farm and/or model school garden visits for school cooks, teachers</td>
<td>2013 - 2016</td>
<td>4 schools participate in</td>
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</tbody>
</table>
**Hancock County – Community Health Improvement Action Plan 2012 - 2016**

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<th>What:</th>
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<tbody>
<tr>
<td>and students</td>
<td></td>
<td>farm visits</td>
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**Action 2.7** Support summer food processing to freeze local foods at their peak for use during the school year, providing storage and freezing equipment to participating schools  
2013 - 2016  
2 schools participate

**Action 2.8** Broaden support for school gardens by promoting the idea of using gardens as a fundraising tool for existing school/parent groups (sports boosters, drama clubs, etc), such as by selling seedlings  
2013 - 2016  
3 meetings held with school groups to discuss school garden uses

**Action 2.9** Explore feasibility of designing school gardens as community gardens – spaces that are tended by community members over the summer  
2013 - 2016  
3 forums held to explore feasibility

**Potential Partners** School Systems; Farmers; UMaine Cooperative Extension, Healthy Acadia

**LOCAL FOOD – SECONDARY OBJECTIVES:**  
The following secondary objectives, while not prioritized for immediate action, remain an important part of the countywide plan to be taken up at a later date or when opportunities arise.

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<tr>
<th>What:</th>
<th>When:</th>
<th>Indicator:</th>
<th>Lead Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smart Objective 3</strong> Three town governments will develop and adopt policies encouraging local food production by 2016</td>
<td>2016</td>
<td>3 Towns</td>
<td></td>
</tr>
</tbody>
</table>

**Action 3.1** Assist Hancock County town governments to identify policies encouraging local food production on farms, orchards and fishing  
All towns contacted, # towns assisted / year

**Action 3.2** Provide model town policies to encourage farming, animal husbandry or other food production activities  
Model policies provided. Processes taken to adopt policies.

**Potential Partners** HCPC; Municipalities
GOAL 2 - Movement:
Physical activity in the daily lives of all

Strategic Vision: We build our towns and organize community systems to create ample opportunities for walking, biking and social movement. Physical activity is a viable option for recreation and transportation.

With collective action, our communities experience the health, social, environmental and economic benefits that arise from:

- **Policies & Environments** that encourage complete streets and community connectivity (sidewalks, trails and bikeways)
- **Educational programs and services** that help people to value movement across the ages
- **Increased access** to outdoor nature-based recreation for all ages and abilities
- **Increased IPT (Individual Physical Transport)** & access to community spaces – schools, services and public facilities
### MOVEMENT – PRIMARY OBJECTIVES:

<table>
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<tr>
<th>What:</th>
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</thead>
<tbody>
<tr>
<td><strong>Smart Objective 1</strong></td>
<td>By 2016, 4 schools will adopt or expand programs or policies that support walking and bicycling</td>
<td>2016</td>
<td>4 schools</td>
</tr>
<tr>
<td><strong>Action 1.1</strong></td>
<td>Outreach to parents through social media, e-news, school newsletters and PTO’s to promote active transportation</td>
<td>2012 - 2015</td>
<td>10 media outreach</td>
</tr>
<tr>
<td><strong>Action 1.2</strong></td>
<td>Engage students “as planners” through student leadership teams and service learning projects</td>
<td>2012 - 2015</td>
<td>4 youth and 2 classrooms engaged</td>
</tr>
<tr>
<td><strong>Action 1.3</strong></td>
<td>Assist schools with developing school travel plans, bicycle/pedestrian plans, and funding proposals for infrastructure</td>
<td>July, 2012 - July, 2015</td>
<td>4 school travel plans created</td>
</tr>
<tr>
<td><strong>Action 1.4</strong></td>
<td>Assist schools with organizing walking programs and walk/bike to school initiatives</td>
<td>2012 - 2016</td>
<td>4 programs initiated</td>
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</table>

**Potential Partners:** School Health Staff, Administration, HCPC, Municipalities and Planners

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</thead>
<tbody>
<tr>
<td><strong>Smart Objective 2</strong></td>
<td>By 2016, 4 community locations will be created or expanded for daily walking, cycling and other forms of physical activity</td>
<td>2016</td>
<td>4 sites</td>
</tr>
<tr>
<td><strong>Action 2.1</strong></td>
<td>Prepare GIS Asset Maps compiling outdoor spaces for walking, cycling and other forms of physical activity</td>
<td>July, 2012 - July, 2013</td>
<td>Project scope documented</td>
</tr>
<tr>
<td><strong>Action 2.2</strong></td>
<td>Engage college students in GIS mapping project</td>
<td>2012 - 2016</td>
<td>2 student interns engaged</td>
</tr>
<tr>
<td><strong>Action 2.3</strong></td>
<td>Publish &amp; disseminate guide to outdoor activity for Hancock County region</td>
<td>2013 - 2016</td>
<td>Print &amp; Online version completed &amp; disseminated</td>
</tr>
<tr>
<td><strong>Action 2.4</strong></td>
<td>Assist towns, schools and area institutions to create new indoor venues for physical activity</td>
<td>2012 - 2016</td>
<td>Technical Assistance provided to 10</td>
</tr>
</tbody>
</table>
Hancock County – Community Health Improvement Action Plan 2012 - 2016

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<tbody>
<tr>
<td><strong>Action 2.5</strong></td>
<td>Identify priority schools to open facilities for physical activity during underutilized hours</td>
<td>2012 - 2014</td>
<td>4 priority sites engaged</td>
</tr>
<tr>
<td><strong>Action 2.6</strong></td>
<td>Develop shared use agreements with schools for supervision and maintenance</td>
<td>2013 - 2016</td>
<td>2 shared use agreements</td>
</tr>
<tr>
<td><strong>Action 2.7</strong></td>
<td>Support pedestrian and cycling advocates &amp; committees</td>
<td>2012 - 2016</td>
<td>2 bike/ped committees assisted</td>
</tr>
<tr>
<td><strong>Action 2.8</strong></td>
<td>Assist towns to seek funding for infrastructure improvements and to create active transportation public access to water, trails and parks</td>
<td>2013 - 2016</td>
<td>4 towns provided with technical assistance</td>
</tr>
</tbody>
</table>

**Potential Partners**
Hancock County Planning Commission; Acadia National Park; Bureau of Parks & Lands; Ellsworth YMCA; MDI YMCA, Harbor House; Neighborhood House; Schools

**MOVEMENT – SECONDARY OBJECTIVES:**
The following secondary objectives, while not prioritized for immediate action, remain an important part of the countywide plan to be taken up at a later date or when opportunities arise.

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<tbody>
<tr>
<td><strong>Smart Objective 3</strong></td>
<td>Three towns will adopt policies that encourage physical activity, such as walking and biking, by 2016</td>
<td>2016</td>
<td>3 or more towns</td>
</tr>
<tr>
<td><strong>Action 3.1</strong></td>
<td>Create Model Policies and Ordinances supporting physical activity and active transportation: a) Provide Hancock County town governments guidelines for complete streets and other bike/pedestrian supportive policies. b) Distribute model subdivision ordinances for encouraging walking and biking corridors</td>
<td></td>
<td>All towns provided with model policies &amp; ordinances</td>
</tr>
<tr>
<td><strong>Action 3.2</strong></td>
<td>Provide Education for Active Transportation: a) Local road center provides workshop on making local roads bike and pedestrian friendly</td>
<td></td>
<td>Presentations</td>
</tr>
</tbody>
</table>

**Potential Partners**
Hancock County Planning Commission; MaineDOT
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Smart Objective 4</td>
<td>The percentage of students walking and biking to school on a regular basis will increase by 10% over five years</td>
<td>2016</td>
<td>2% annual increase</td>
</tr>
<tr>
<td>Action 4.1</td>
<td>Participate in semi-annual events such as walk and bike to school day</td>
<td></td>
<td># of schools / people participating</td>
</tr>
<tr>
<td>Potential Partners</td>
<td>Schools</td>
<td></td>
<td></td>
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</tbody>
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</thead>
<tbody>
<tr>
<td>Smart Objective 5</td>
<td>The age-adjusted percentage of adults reporting regular physical activity will increase by 10% over five years</td>
<td>2016</td>
<td>2% annual increase</td>
</tr>
<tr>
<td>Action 5.1</td>
<td>Schools open their athletic facilities for adult use</td>
<td></td>
<td># of schools opening facilities to the community. # of community members using the facilities.</td>
</tr>
<tr>
<td>Action 5.2</td>
<td>Health organizations promote adult exercise with classes, clubs and events</td>
<td></td>
<td># of classes offered. Attendance.</td>
</tr>
<tr>
<td>Potential Partners</td>
<td>Schools; YMCAs; local fitness &amp; community clubs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GOAL 3 - Healthful Services:**
Empowering independence with support for basic needs

*Strategic Vision: We connect people of all ages with quality, affordable health and social services regardless of income. We age well with dignity, comfort and choice.*

With collective action, our communities experience the health, social and economic benefits that arise from:

- **Policies** that enhance our ability to serve those in need while fostering long-term self-reliance.
- **Increased availability** of health, dental, mental, social and substance abuse treatment for Hancock County residents
• *Increased access to primary care and help in navigating systems of care, treatment and support services*
• *Better supports for aging well at home with caring and respect*
• *Increased knowledge and easy access to reliable health information and local health resources*
• *Reliable transportation supports to access healthful services*

**HEALTHFUL SERVICES – PRIMARY OBJECTIVES:**

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<tbody>
<tr>
<td><strong>Smart Objective 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By 2016, increase by 25% the number of rides provided to and from health and social service appointments for individuals in need</td>
<td>2016</td>
<td>25% increase in rides provided</td>
<td></td>
</tr>
<tr>
<td><strong>Action 1.1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convene transportation planning team; Identify current transportation assets and resources</td>
<td>July, 2012 - June, 2016</td>
<td>Team convened</td>
<td>Healthy Acadia</td>
</tr>
<tr>
<td><strong>Action 1.2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop Brochure- “Guide to Transportation Services” for Hancock County</td>
<td>2013</td>
<td>2 Printed &amp; Downloadable Brochures</td>
<td>Healthy Acadia</td>
</tr>
<tr>
<td><strong>Action 1.3</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disseminate each printed “Guide to Transportation Services” across the region: a. town offices b. hospitals, healthcare, social service providers c. food pantries &amp; homeless shelters senior housing sites d. chambers of commerce</td>
<td>2013</td>
<td>2000 copies distributed throughout Hancock County</td>
<td>Healthy Acadia</td>
</tr>
<tr>
<td><strong>Action 1.4</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disseminate electronic version of the Guide to Transportation Services through electronic media outlets: a. e- newsletters (HA; WC-OC &amp; partners) b. website c. Facebook</td>
<td>2013</td>
<td>Appearance of brochure and transportation information in electronic media outlets</td>
<td>Healthy Acadia</td>
</tr>
<tr>
<td><strong>Action 1.5</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold regional community forums on concerns about access to transportation and recruit volunteer drivers to expand volunteer driving capacity, especially in the most rural regions where options are sparse</td>
<td>2013 - 2015</td>
<td>2 forums held, 20 volunteer drivers recruited</td>
<td></td>
</tr>
<tr>
<td><strong>Action 1.6</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with transportation &amp; health/social service providers to implement a system to coordinate needed transportation</td>
<td>2012 - 2014</td>
<td>“Transportation connections” systems in</td>
<td>MDIH</td>
</tr>
</tbody>
</table>
Hancock County – Community Health Improvement Action Plan 2012 - 2016

| What: access for clients. Policy would include: a. With each appointment scheduling, health/social service providers ask clients about access to transportation b. If transportation is needed, provide information to client about opportunities and/or contact transportation providers directly | When: 2012 - 2016 | Indicator: place in 6 health & social service practices | Lead Organization: MDIH |

**Action 1.7** Collaborate with “Medical Homes” providers at hospitals & practices to improve transportation options for patients being treated through the Medical Home model 2012 - 2015 New options & practices in place for increased transportation access MDIH

**Potential Partners** Friends in Action; Island Connections; Hospitals & Providers; WHCA; Downeast Transportation; Beth C. Wright Cancer Center; Downeast Transportation; HCPC; GoMaine; West Transportation Services; Maine Sea Coast Mission; MaineDOT

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</table>

**Smart Objective 2** By September 2016, increase by 1000 the number of low-income children receiving preventive oral exams and treatment 2016 1000 children receive exams and treatment

**Action 2.1** Convene Hancock County-wide “Dental Access” planning team to further develop action steps for increasing child dental access 2012 - 2013 Meetings held; Meeting minutes Healthy Acadia

**Action 2.2** Collaborate with Early Care and Education Providers (ECEPs) to determine best evidence-based methods to increase dental access among children participating in Early Care and Education Programs 2013 - 2016 Methods to increase participation identified Healthy Acadia

**Action 2.3** Implement determined methods to increase dental access among children participating in Early Care and Education Programs 2013 - 2016 Evidence-based methods implemented

**Action 2.4** Collaborate with schools in Hancock County to determine best evidence-based methods to increase dental access among children in school system 2013 - 2016 Methods to increase participation identified Healthy Acadia

---

![Healthy Acadia Logo](image)
### Action 2.5
Implement determined methods to increase dental access among children in school system

- **When:** 2013 - 2016
- **Indicator:** Identified evidence-based methods implemented

### Action 2.6
Partner with area organizations to increase the number of free or reduced cost dental services provided annually.

- **When:** 2014 - 2016
- **Indicator:** Free & reduced cost services provided to 1000 low-income children

### Potential Partners
Downeast Health; Caring Hands of Maine; Hospitals; private providers

### HEALTHFUL SERVICES – SECONDARY OBJECTIVES:
The following secondary objectives, while not prioritized for immediate action, remain an important part of the countywide plan to be taken up at a later date or when opportunities arise.

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<tbody>
<tr>
<td><strong>Smart Objective 3</strong></td>
<td><strong>By 2016 reduce by 25% the unmet or delayed need for mental health and substance abuse treatment services</strong></td>
<td>2016</td>
<td>Estimate of unmet/delayed need</td>
</tr>
<tr>
<td><strong>Action 3.1</strong></td>
<td>Convene Hancock County-wide “Mental Health &amp; Substance Abuse Treatment Access” planning team to further develop action steps to increase access to such treatment</td>
<td></td>
<td>Increase # of appointments Maintain / increase $ reimbursed</td>
</tr>
<tr>
<td><strong>Action 3.2</strong></td>
<td>Develop Guide to Mental Health &amp; Substance Abuse Treatment services in Hancock County</td>
<td></td>
<td>Guide developed; online and printed</td>
</tr>
<tr>
<td><strong>Action 3.3</strong></td>
<td>Disseminate Guide to MH &amp; SA Treatment services throughout region</td>
<td></td>
<td># printed; # distributed</td>
</tr>
<tr>
<td><strong>Action 3.4</strong></td>
<td>Develop plan to increase capacity of low-cost treatment services</td>
<td></td>
<td># of increased free &amp; reduced cost services</td>
</tr>
<tr>
<td><strong>Action 3.5</strong></td>
<td>Implement plan to increase capacity of low-cost treatment services</td>
<td></td>
<td># of increased free &amp; reduced cost services</td>
</tr>
<tr>
<td><strong>Action 3.4</strong></td>
<td>Improve funding structures to ensure that</td>
<td></td>
<td>% increase in</td>
</tr>
</tbody>
</table>
### Objective 4

**What:** Add three new public places in Hancock County where senior citizens can gather for daytime activities by 2016

**Action 4.1** Increase opportunities for interaction among seniors, such as community centers and meal programs

**Action 4.2** Increase access to home-based care for elderly and disabled, including expanding programs like Friendship Cottage for day care services

**Potential Partners**

- Open Door Recovery
- Hancock County Hospitals & Providers
- Acadia Family Center
- Private Providers

**Smart Objective 4**

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<th>What:</th>
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<th>Lead Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add three new public places in Hancock County where senior citizens can gather for daytime activities by 2016</td>
<td>2016</td>
<td># of public congregate locations</td>
<td></td>
</tr>
<tr>
<td>Increase opportunities for interaction among seniors, such as community centers and meal programs</td>
<td></td>
<td>Increase # of events / activities for seniors</td>
<td></td>
</tr>
<tr>
<td>Increase access to home-based care for elderly and disabled, including expanding programs like Friendship Cottage for day care services</td>
<td></td>
<td>Increase # of home visits for health and social services</td>
<td></td>
</tr>
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</table>

### Objective 5

**What:** Increase the percent of older adults that can live at home with assistance by 10% over five years

**Action 5.1** Support increasing the supply of senior housing to match demand (In 2011 approximately 60 additional persons over the age of 75 were being added annually)

**Action 5.2** Coordinate public health services to reach live-at-home seniors.

a) Develop model memorandum of agreement among health and social service providers to coordinate public health activities

**Action 5.3** Increase county capacity to meet emergency needs of elderly living at

**Potential Partners**

- Friends in Action
- Soup Kitchens (e.g. Everybody Eats)
- WHCA
- Downeast Health Services
- Senior Centers
- Ellsworth-MDI Housing Authority

**Smart Objective 5**

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<tbody>
<tr>
<td>Increase the percent of older adults that can live at home with assistance by 10% over five years</td>
<td>2016</td>
<td>ACS data on households</td>
<td></td>
</tr>
<tr>
<td>Support increasing the supply of senior housing to match demand (In 2011 approximately 60 additional persons over the age of 75 were being added annually)</td>
<td></td>
<td># of units of senior housing</td>
<td></td>
</tr>
<tr>
<td>Coordinate public health services to reach live-at-home seniors.</td>
<td></td>
<td># of agreements</td>
<td></td>
</tr>
<tr>
<td>Increase county capacity to meet emergency needs of elderly living at</td>
<td></td>
<td># first responders</td>
<td></td>
</tr>
</tbody>
</table>
**GOAL 4 - Positive Social Development:**
Building resilient people of all ages, surrounded by strengths

*Strategic Vision:* We provide the positive supports necessary for every child to aspire, learn and grow safely into healthy, resilient and contributing community members. Substance abuse, domestic violence and other social ills are declining while educational attainment is on the rise.

With collective action, our communities will experience the health, social and economic benefits that arise from:

- **Policies** that make it easier for children and families to thrive
- **Programs** that take a coordinated approach to positive, healthy development (i.e. Coordinated School Health Programs)
- **Coordinated education and enforcement** efforts to prevent use and abuse of tobacco, alcohol and prescription drugs (Responsible Server Trainings, Underage Drinking Enforcement etc)
- **Access to and availability of aspirational and educational programs and services** that enhance skill development, personal enjoyment and opportunities for employment (Arts, workforce training)

**POSITIVE SOCIAL DEVELOPMENT – PRIMARY OBJECTIVES:**

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</thead>
<tbody>
<tr>
<td><strong>Smart Objective 1</strong></td>
<td>By 2016, 10 schools will adopt or expand comprehensive health policies &amp; programs that provide supports for kids to thrive</td>
<td>2016</td>
<td>10 schools with new or expanded policies / programs</td>
</tr>
<tr>
<td><strong>Action 1.1</strong></td>
<td>Review current school wellness policies, suggest additional elements to address positive social development</td>
<td>2012 - 2013</td>
<td>Policies reviewed; suggestions made</td>
</tr>
</tbody>
</table>

Healthy Acadia

A Healthy Maine Partnership
Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
## Hancock County – Community Health Improvement Action Plan 2012 - 2016

<table>
<thead>
<tr>
<th>Action 1.2</th>
<th>What: Secure and maintain administrative support and commitment from school districts for comprehensive health policies &amp; programs</th>
<th>When: 2013 - 2014</th>
<th>Indicator: Meetings with administrators in 10 schools; commitment articulated</th>
<th>Lead Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 1.3</td>
<td>What: Develop School Health Teams with school members and community members to guide programming and facilitate collaboration. Teams will include a focus on youth resiliency, school connectedness, and parental engagement</td>
<td>When: 2013 - 2015</td>
<td>Indicator: School Teams developed in 10 schools</td>
<td>Lead Organization:</td>
</tr>
<tr>
<td>Action 1.4</td>
<td>What: School Health Teams develop school health plans through a stakeholder process</td>
<td>When: 2013 - 2015</td>
<td>Indicator: School Health Plans developed</td>
<td>Lead Organization:</td>
</tr>
<tr>
<td>Action 1.5</td>
<td>What: Implement School Health Plans (including development of health policies &amp; programs)</td>
<td>When: 2014 - 2016</td>
<td>Indicator: School Health Plans implemented</td>
<td>Lead Organization:</td>
</tr>
<tr>
<td>Action 1.6</td>
<td>What: School Health Teams ensure development of clear, enforced and well-publicized anti-harassment policies with specific categories, including sexual orientation and gender expression</td>
<td>When: 2013 - 2016</td>
<td>Indicator: Anti-harassment policies developed</td>
<td>Lead Organization:</td>
</tr>
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</table>

### Potential Partners
- School Leadership
- Parent Teacher Organizations
- Student Groups
- Acadia Family Center

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<tbody>
<tr>
<td><strong>Smart Objective 2</strong></td>
<td>By 2016, reduce by 15% the rate of alcohol and substance abuse among youth and adults</td>
<td>2016</td>
<td>30-day prevalence declines by 15%</td>
</tr>
<tr>
<td>Action 2.1</td>
<td>Collaborate with Drug and Alcohol Abuse Task Force</td>
<td>2012 - 2016</td>
<td>Meetings held</td>
</tr>
<tr>
<td>Action 2.2</td>
<td>Responsible Server Trainings are offered throughout the year to interested businesses</td>
<td>Nov, 2012 - May, 2016</td>
<td>At least 4 Trainings per year</td>
</tr>
<tr>
<td>Action 2.3</td>
<td>Mobilize Youth Leadership Teams in at least two schools in Hancock County</td>
<td>2013</td>
<td>Teams mobilized</td>
</tr>
<tr>
<td>Action 2.4</td>
<td>School policies clearly outline treatment as a response to drug/alcohol school policy infractions</td>
<td>Sept, 2012 - June, 2016</td>
<td>Policies developed/modified</td>
</tr>
<tr>
<td>Action 2.4</td>
<td>Improve access to treatment for teens:</td>
<td>2012 - 2016</td>
<td>Counseling</td>
</tr>
</tbody>
</table>
POSITIVE SOCIAL DEVELOPMENT – SECONDARY OBJECTIVES:
The following secondary objectives, while not prioritized for immediate action, remain an important part of the countywide plan to be taken up at a later date or when opportunities arise.

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<th>Indicator:</th>
<th>Lead Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smart Objective 3</strong> Graduation rates for high schools in Hancock County will increase by 10% by 2016</td>
<td><strong>2016</strong></td>
<td><strong>Hancock County High Schools</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Action 3.1</strong> Establish baseline for student completion and current support programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Determine current rates of high school completion at all schools in Hancock County</td>
<td></td>
<td>Baseline established</td>
<td></td>
</tr>
<tr>
<td>b) Determine availability of and participation in current after-school programs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Determine current level of adoption by staff, administrators, and community members of strengths-based resiliency curriculum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Action 3.2</strong> Target top 5 schools to work towards the following:</td>
<td></td>
<td>a) Have these areas been identified</td>
<td></td>
</tr>
<tr>
<td>a) Identify areas and schools of greatest need, based on above assessments.</td>
<td></td>
<td>b) Has this</td>
<td></td>
</tr>
</tbody>
</table>
### Action 3.3

**Implement elective and extracurricular arts programs, particularly for at risk students.**

<table>
<thead>
<tr>
<th>Action 3.3</th>
<th>Implement elective and extracurricular arts programs, particularly for at risk students.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Enroll at risk students in Hancock County in after school programs that are shown to increase resiliency</td>
<td></td>
</tr>
</tbody>
</table>

**Potential Partners**

School Systems; Superintendents; Maine Department of Education

### Smart Objective 4

By 2016, increase by 100% schools having and implementing an anti-harassment policy

<table>
<thead>
<tr>
<th>Smart Objective 4</th>
<th>By 2016, increase by 100% schools having and implementing an anti-harassment policy</th>
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</thead>
<tbody>
<tr>
<td><strong>What:</strong></td>
<td><strong>When:</strong></td>
</tr>
<tr>
<td><strong>a)</strong> Support passage and implementation of anti-bullying bill before Maine State Legislature requiring all Maine school systems to adopt a model anti-bullying policy</td>
<td></td>
</tr>
<tr>
<td><strong>b)</strong> Disseminate new legal requirements to school</td>
<td></td>
</tr>
</tbody>
</table>

**Lead Organization:**

Passage of state law

### Action 4.1

Reform Maine State law governing bullying

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**Potential Partners**

School Systems; Superintendents; Maine Department of Education

## Action 4.2

Provide educational programs to reduce the number of incidents of school

<table>
<thead>
<tr>
<th>Action 4.2</th>
<th>Provide educational programs to reduce the number of incidents of school</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> # of Safe Zone training</td>
<td><strong>Potential Partners</strong></td>
</tr>
</tbody>
</table>

School Systems; Superintendents; Maine Department of Education
### Objective 5: Rates of youth past 30-day tobacco use will decline by 10% over five years

#### Action 5.1
Implement tobacco prevention curriculum

#### Action 5.2
Promote anti-smoking messages

#### Action 5.3
Work with towns to adopt smoke-free ordinances in parks and public events

#### Action 5.4
Tobacco, alcohol and drug abuse prevention materials made available to

---

### Objective 5.1: Implement tobacco prevention curriculum

**What:** Partner with the local GLSEN chapter to deliver Safe Zone trainings to local school systems for teachers and students on an annual basis or for all new faculty and administrators.

**When:**

**Indicator:**

<table>
<thead>
<tr>
<th>Lead Organization:</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Potential Partners**

- Local Legislators;
- School Leadership Teams;
- School Systems;
- GLSEN, GSA, other youth organizations

### Action 5.2: Promote anti-smoking messages

**What:** Partner with GLSEN, Gay Straight Alliances (GSAs) and other relevant agencies to deliver district-wide youth educational assemblies focusing on respect for diversity and discouraging harassment (i.e. Challenge Day) grounded in youth developmental assets and positive youth development.

**When:**

**Indicator:**

<table>
<thead>
<tr>
<th>Lead Organization:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Potential Partners**

- Partnership with GLSEN, GSA, other youth organizations

### Action 5.3: Work with towns to adopt smoke-free ordinances in parks and public events

**What:** Support GSAs and other youth organizations in school-wide advocacy around respect for sexual orientation and other forms of diversity.

**When:**

**Indicator:**

<table>
<thead>
<tr>
<th>Lead Organization:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

**Potential Partners**

- Partnership with GLSEN, GSA, other youth organizations

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**Smart Objective 5**

**Rates of youth past 30-day tobacco use will decline by 10% over five years**

**2016**

**Last 30 day prevalence**

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**What:**

**When:**

**Indicator:**

<table>
<thead>
<tr>
<th>Lead Organization:</th>
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</table>

**Potential Partners**

- Local Legislators;
- School Leadership Teams;
- School Systems;
- GLSEN, GSA, other youth organizations

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**Healthy Acadia**

[Logo]

**A Healthy Maine Partnership**

[Logo]

Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention
GOAL 5 - Healthy Environments:
Building healthy indoor and outdoor spaces for healthy people

**Strategic Vision:** We respect, protect and conserve our natural resources & built environments so they protect, preserve and sustain healthy people. Our air, land, water and indoor spaces are clean and free from toxins.

With collective action, our communities experience the health, social and economic benefits that arise from:
- Policies that allow for renewable and sustainable uses of our natural resources – air, water and land.
- Policies and Practices that encourage sustainable communities where people can make ‘carbon-neutral’ and ‘greener’ choices in their daily lives.
- Increased access to and availability of healthy homes and healthy worksites with minimal exposure to bio-toxins such as like lead, radon and environmental tobacco smoke
- Increased availability of transit options and services
- Increased knowledge and easy access to reliable environmental health information and resources.
- Programs and services that help people recycle, weatherize and safely dispose of toxics

**HEALTHY ENVIRONMENTS – PRIMARY OBJECTIVES:**

<table>
<thead>
<tr>
<th>What:</th>
<th>When:</th>
<th>Indicator:</th>
<th>Lead Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smart Objective 1</strong></td>
<td>By 2016, increase by 300 the number of homes or work places that have reduced health risks to occupants due to lead, radon, tobacco smoke, arsenic and other contaminants.</td>
<td>2016</td>
<td>10% implement mitigation strategy</td>
</tr>
<tr>
<td>Action 1.1</td>
<td>Disseminate information about home / work environmental risks, including lead, radon, tobacco smoke, and other contaminants</td>
<td>2012 – 2016</td>
<td>Information disseminated</td>
</tr>
<tr>
<td><strong>Action 1.2</strong></td>
<td>Private wells are tested for biological and mineral contaminants a) Work with MECDC in developing a system that makes accessing kits easier. b) Identify kit distribution plan</td>
<td>2012 – 2016</td>
<td>Wells tested</td>
</tr>
</tbody>
</table>
### Hancock County – Community Health Improvement Action Plan 2012 - 2016

| Action 1.3 | Homes are inspected for lead paint contamination  
| a) Work with MECDC in developing a system that makes accessing lead test kits easier.  
| b) Identify kit distribution plan | 2012 – 2016 | Inspections held | 
| Action 1.4 | Homes are tested for radon  
| a) Work with MECDC in developing a system that makes accessing kits easier.  
| b) Identify kit distribution plan | 2012 - 2016 | Tests done | 
| Action 1.5 | Increase the rate of lead screenings of children under 3 years of age | July, 2012 - June, 2015 | 20% increase | 

**Potential Partners**

MECDC; Drinking Water Program; DEP; WHCA; Downeast Health Services; HCPC;

| Smart Objective 2 | By 2016, increase by 300 the number of homes or work places that have reduced energy loss and greater energy efficiency. | 2016 | 10% of homes or workplaces with increased efficiency | 
| Action 2.1 | Work with partners; share information and resources for outreach; plan for outreach | 2012 – 2016 | Meetings held; outreach planned | Healthy Acadia | 
| Action 2.2 | Provide community education on ways to conserve energy  
| c) Provide PSA’s, such as about turning off lights, heat monitors | 2013 - 2016 | Educational information disseminated | 

**Potential Partners**

HCPC; WHCA; Bangor Hydro; CMP

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**HEALTHY ENVIRONMENTS – SECONDARY OBJECTIVES:**

The following secondary objectives, while not prioritized for immediate action, remain an important part of the countywide plan to be taken up at a later date or when opportunities arise.

| Smart Objective 3 | Four towns adopt policies that encourage smart growth and | 2016 | # of towns | 

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34
## Hancock County – Community Health Improvement Action Plan 2012 - 2016

<table>
<thead>
<tr>
<th>Action 3.1</th>
<th>What: Provide Hancock County Towns with information and encouragement to adopt “smart growth” policies</th>
<th>When: All towns receive materials</th>
<th>Indicator:</th>
<th>Lead Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potential Partners</strong></td>
<td>Towns</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Smart Objective 4</th>
<th>What: Natural environmental indicators show measurable improvement over five years. Examples include air quality, eelgrass, acres of clam flats listed as safe, forested and open land covers</th>
<th>When: 2016</th>
<th>Indicator: % change in indicators</th>
<th>Lead Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 4.1</td>
<td>Create website for sustainable living in Hancock County including resources, practical guidelines, resource maps, land coverage</td>
<td>On-line by [year]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action 4.2</td>
<td>Create bay management plans for Penobscot, Blue Hill, Taunton and Frenchman Bays</td>
<td>Approximately 1 plan per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Potential Partners</strong></td>
<td>Acadia National Park; DEP; DOC; HCPC; HCTT; Friends of Blue Hill Bay; Friends of Taunton Bay; Frenchman’s Bay Conservancy; College of the Atlantic</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**For More Information, Please Contact:**

Doug Michael – *Executive Director, Healthy Acadia*  
(207) 288-5331, doug@healthyacadia.org  

Elsie Flemings – *Community Relations & Development Director, Healthy Acadia*  
(207) 288-5331, elsie@healthyacadia.org  

Jim Fisher – *Hancock County Planning Commission*  
(207) 667-7131, jfisher@hcpcme.org  

Ron Beard – *UMaine Cooperative Extension*  
(207) 667-8212, ronald.beard@maine.edu  

Al May – *Public Health District Liaison, Maine Center for Disease Control & Prevention*  
(207) 255-2017, alfred.may@maine.gov

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35