

Senator Brakey, Representative Gattine, and members of the Joint Standing Committee on Health and Human Services.

Committee members had several questions about the policy work that Healthy Maine Partnerships are engaged in and we wanted to provide some follow up information.

Implementation of policy to support healthy behaviors is recognized worldwide as public health best practice because it results in sustainable change affecting entire communities, including individuals. An individual will be more likely to make a healthier decision when his/her environment supports it. ^{i ii iii} When environments support healthy decisions, community members are more successful in following their physician's recommendations and are able to rely less on their own scarce supply of willpower to develop improved habits.

For example, we are more likely to follow through on our quit plan with the physician, when the organization implements a tobacco-free campus policy, prohibiting smoking/vaping at office entrances, parking lots and entire grounds. The policy reinforces a culture of health for patients/clients and employees, and makes the healthy choice, an easier choice. Additionally, if the office, school, or municipality with vending machines decides to provide a selection of healthy snacks and beverages, we are more likely to choose the healthy option, especially when already working on behavior change strategies.

Creation of healthy environments through policy is where the work of the Healthy Maine Partnerships (public health) and primary care intersect. The work is complimentary and the success of each depends on the work of the other.

Policy work can be difficult to understand because it is not direct service and, as a result, it can be more difficult to quantify the number of people helped, reached, or affected. The benefit is a far greater reach in helping communities incorporate health into all policies. Healthy Maine Partnership policy work involves providing guidance and technical assistance to support organizations that are implementing or changing internal policy and culture to create healthier environments, so it is staff-intensive (as can be evidenced by the budgets we shared with you). Trained staff shepherd organizations through the steps outlined below to help them create the policy changes they desire to make.

The genesis of HMP policy work with an organization can take many forms. In the Brunswick example we spoke about last week, the Parks and Recreation Director asked Access Health for technical assistance in increasing the scope of the town's current tobacco free parks policy. Resolution toward the Bangor Fair's Smoke Free Midway began with a Bangor Daily News op-ed written by a mother on behalf of her two children who were disgusted at the amount of cigarette smoke they were subjected to at the 2009 fair. Executive Directors of organizations, organizers of community events, youth, and community members are others who approach

HMPs for assistance with implementing or revising town, organization, or event policies to create healthier environments.

Once the first contact is established next steps involve meeting with decision makers within the organization to review any existing policy, gain an understanding of the desired parameters for the new policy, determine the process required by the organization for policy implementation or revision, and create a communication plan.

Process to change or implement policy at an organizational level usually involves HMP staff recommending development of a policy committee within the organization. This committee includes decision makers and other staff willing to contribute time and effort, and create buy-in as they develop a policy to meet their needs. This committee can be a wellness committee, a group specifically convened to engage in the policy work, an interested group of employees, or the Executive Committee of the board of directors.

HMP staff attends each meeting of the group to guide them through the process for creating or revising policy:

1. Review of existing policy.
2. What is the goal of the new policy? What factors led to the desire to implement or revise existing policy?
3. Assess the policy, checking to see if the existing policy meets current Maine workplace, public place, law, and rules (tobacco policy/schools).
4. Provide guidance on best practice policy development, including state and national laws, enforcement, communication and implementation, and adoption guidelines.
5. Provide education about best practices – what does the research recommend for the best outcome in this location? What have other towns or organizations done to be successful?
6. Determine what elements of best practice fit with the organization’s desires, needs, and goals. How will they address the factors that led to the desire to implement or revise existing policy?
7. What tobacco treatment resources are available through the organization or its community connections? What insurance or employee assistance program benefits does the employer provide and how do employees access them?
8. Draft policy for review and edit by the group (ongoing). In some cases the draft policy needs to be reviewed by an attorney.
9. Determine process for required approvals. Does the policy require approval by the school or health organization, a board, a board of directors, a town council, CEO? How does the committee provide education to these groups about their work?

10. Education on best practice for enforcement of policy. How should the policy be enforced, and who is responsible to reinforce accountability? This conversation can add much more time to the process in school districts choosing to follow best practice guidelines that recommend implementing in-school-suspension programming with education and brief or intensive interventions for students who violate the policy (many school districts still rely only on discipline including out-of-school suspension for students, which is not best practice for violation of tobacco policy). For towns, it often involves conversations with law enforcement about capacity and concerns.
11. Communication - how does the organization communicate the new policy to its employees, clients, customers, community to encourage maximum compliance? If the policy meets the recommendations of Partnership for a Tobacco Free Maine, HMPs can help organizations order free signs, which then must be installed by the organization. We've also assisted organizations in creating community friendly outreach materials, explaining why the policy has been passed and where to receive assistance if anyone wants to quit.
12. Integration of the policy into the culture of the organization. What systems changes need to be made within the organization to ensure success of the policy? For instance, more schools are now shortening or eliminating out of school suspensions as it leads to a much harder path for students to graduate. Instead, superintendents and principals are looking at other qualified personnel to form a team approach (members include counselors, nurses and parents) to assess the student's level of substance use so that education, motivational messages, and evidence based counseling strategies and resources can be provided to meet the needs of each student in order to maintain their school attendance.

For worksites or public places, employees must feel empowered and comfortable sharing the new policy with the public in a respectful manner. New policies may need to be integrated into new employee orientation. HMPs can assist organizations in all these steps.

The chart below provides a few examples of committee size, process type, and duration of process for implementing tobacco policy in organizations that Bangor Public Health and Access Health HMPs have worked with.

Healthy Maine Partnership Policy Examples: Bangor Public Health and Access Health

Organization	Committee Size	Process	Process Duration
University of Maine Orono	30	<p>Task force representing all departments including students and smokers was created to review current policy, best practice strategies, and research what other universities were doing throughout the country.</p> <p>All staff, all students and eight unions were provided education about the importance of policy for the University employees and students.</p> <p>Staff at the health center, wellness program and student counselors were trained to provide on-site intensive tobacco treatment for students and staff.</p> <p>Developed a communication and implementation plan.</p>	2 years – Bangor HMP relationship with UMO since 2001
Dorothea Dix Psychiatric Center	10	<p>Created a system to support the tobacco-free campus policy for all patients, employees, and visitors.</p> <p>Developed clinical quality care guidelines for patients receiving care through the inpatient program, their providers; and staff requirements for smoking off grounds.</p> <p>Provided on-site evidence based tobacco cessation and treatment options for clients and staff.</p> <p>HMP staff attended all committee meetings and one on one guidance sessions with hospital superintendent, providers and clinical staff.</p>	12 months
Bangor Fair	1 (Fair	Provided technical assistance regarding outdoor smoking laws where food	10 months

	Director)	<p>and beverages are served.</p> <p>Developed a policy communications plan to ensure all fair attendees were aware of the policy prior to entering fair gates.</p> <p>Created designated smoking areas, designed signage, and educated staff about the policy enforcement plan.</p>	
Hermon School Department	15	<p>Utilized a committee and sub-committees structure. Required superintendent and school board approval for policy adoption.</p> <p>HMP staff attended all committee meetings to provide education, guidance and technical assistance for staff in reviewing existing policy, assessment, and developing a best practice draft policy, communication and implementation plan.</p>	10 months
Mid Coast Hospital Addiction Resource Center	N/A	<p>MCH Committee updated their tobacco-free policy and the HMP was asked to assist with implementation at a satellite campus housing the Addiction Resource Center (ARC) and outpatient psychiatric.</p> <p>All staff in building received training about policy and how to work with clients who do not comply.</p> <p>Each Intensive Outpatient Program, ARC group is provided with a monthly session about tobacco treatment resources. In addition to talking about quitting, secondhand smoke and the importance of adhering to the tobacco-free hospital policy are discussed.</p>	<p>3 month planning process.</p> <p>Monthly presentation to new patients.</p>
SAD 75 School Department	6 members that report to larger district	<p>Reviewed current policy, best practices, mandates, and chose priorities. In year two the group will begin revisions and acquire support from district and community.</p>	1 school year, continuing to next phase of

	health team. Consisting of HMP, school administration, teachers, and other school staff		policy
Brunswick Parks and Recreation	5 person AD Hoc Committee 8 person Recreation Commission	Ad hoc committee convened to review existing resolution and make recommendations for changes. Draft created by HMP staff that added electronic devices (e-cigarettes) and new properties. Ad hoc Committee reviewed draft. Each Brunswick Parks and Recreation Commissioner received packet of information about policy prior to meeting. Draft presented to Commission. HMP staff present to answer any questions about policy. Police Department representative to address enforcement questions. Resolution approved via majority vote. Resolution presented by Recreation Commission and was approved by the Town Council. HMP was in attendance for questions. Working with Brunswick Parks and Recreation Department to secure appropriate signage.	6 months
City of Bath	4	Ad hoc committee reviewed existing resolution (created with assistance from Access Health 3 years ago) and made recommendations on changes needed to create an ordinance.	8 months

		<p>Draft ordinance created by HMP staff, based on ordinances in similar Maine towns and best practice recommendations.</p> <p>Ad hoc Committee reviewed draft.</p> <p>Each Bath Town Council member received packet of information about policy prior to meeting.</p> <p>Draft ordinance presented to Bath City Council. HMP staff in attendance to answer policy related questions. Police Department representative present to address enforcement questions. First vote passed and final vote passed unanimously.</p> <p>Worked with Bath Parks and Recreation Department to implement ordinance.</p>	
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In most cases policy implementation takes about a year to complete. Committee participants typically take this work on in addition to their regular workloads. Sometimes the policy work is the sole focus of the committee (University of Maine, Orono) and sometimes it is one of many policies being reviewed (school wellness committees). Committees usually meet monthly for a couple of hours. Sometimes working groups are established to focus on one facet of the policy.

It is the job of HMP staff to assist our community partners not only with the ‘what’ of policy implementation, but the ‘how’. HMP staff guide the organization from the beginning of the process to the end, providing policy-specific and group process technical assistance and support to ensure success in both the end product and the process taken to get there.

In the testimony we provided last week we noted the plunge in Maine’s youth tobacco rates as measured by the National Youth Risk Behavior Survey (YRBS), administered by the US Centers for Disease Control and Prevention since 1995. According to the YRBS, Maine High School:

- Cigarette smoking has dropped from 39.2 percent in 1997 to 12.8 percent in 2013, and is now better than national average of 15.7 percent
- Smokeless tobacco use had decreased from 7.9 percent to 6 percent
- Youth under 18 who report buying cigarettes from stores is lower than the national average, 7.6 percent in Maine vs 18.1 percent nationally

These reductions are due in part to organizations and communities implementing sustainable change through policy to ensure the health of the clients, customers, and community members they serve. For example, in 2007 the Bangor City Council banned smoking in cars while youth under 16 are present. In 2008 the state of Maine joined the City and other Canadian provinces that made it illegal to smoke in a car while children are present, and today other states and countries have joined in the ban, greatly reducing youth exposure to secondhand smoke and improving health outcomes worldwide.

The Healthy Maine Partnership workplan is rich in policy work intended to result in sustainable changes for Maine communities and support the choices of our Maine residents.

The full workplan is included within the contracts we provided committee members last week; a selection of that work is listed below:

1. Increase the number of smoke free multi-unit residential buildings.
2. Increase the number of municipalities that have policies/ordinances prohibiting tobacco use at public events and open air spaces.
3. Increase the number of schools that implement a comprehensive tobacco-free policy that meet Partnership for a Tobacco-Free Maine criteria.

4. Increase the number of municipalities that have policies, plans or ordinances which promote healthy living in the built environment.
5. Increase the number of municipalities that increase access to healthy food and beverage options sold at municipal-owned or managed sites.

Recognizing tobacco as a health hazard, and protecting the public from its effects, is recognized as one of the top 10 public health accomplishments of the twentieth century. In the 21st century, much attention has been focused on the importance of making communities safe for walking and biking, and ensuring healthy food is available to all community members. It is imperative we continue to protect the public, especially those most vulnerable, from the dangers of second hand smoke and remove barriers to physical activity and healthy eating. Strong policies also prompt people to quit or change their food choices, and help those who are in the process of making changes (quitting tobacco, eating more fruits and vegetables) successful.

Creating policies that are successful and honor community values takes the expertise and time that Healthy Maine Partnership staff have. Supporting our busy physicians, school administrators, law enforcement and municipal leaders to create smoke free, healthy schools, worksites and communities meets the intent and goals of the Fund for a Healthy Maine to promote and protect health, decrease future health care costs, and honor the legacy of Maine people who suffered disease and death as a result of tobacco use.

ⁱ Fichtenberg, C.M. & Glantz, S.A. (2002). Effect of smoke-free workplaces on smoking behavior: systematic review. *British Medical Journal*, 325, 188

ⁱⁱ Seo, D.C., Macey, J., Torabi, M., & Middlestadt. (2011). The effect of a smoke-free campus policy on college students' smoking behaviors and attitudes. *Preventive Medicine*, doi:10.1016/j.ypmed.2011.07.015.

ⁱⁱⁱ Stulberg, B. (2014). The key to changing individual health behaviors: change the environments that give rise to them. *Harvard Public Health Review*, October 2014.