

# THE LINK

Connecting facts and ideas  
for those working to create  
an environment in Maine that  
supports tobacco-free living.

 **Healthy Maine Partnerships**  
Maine Center for Disease Control and Prevention

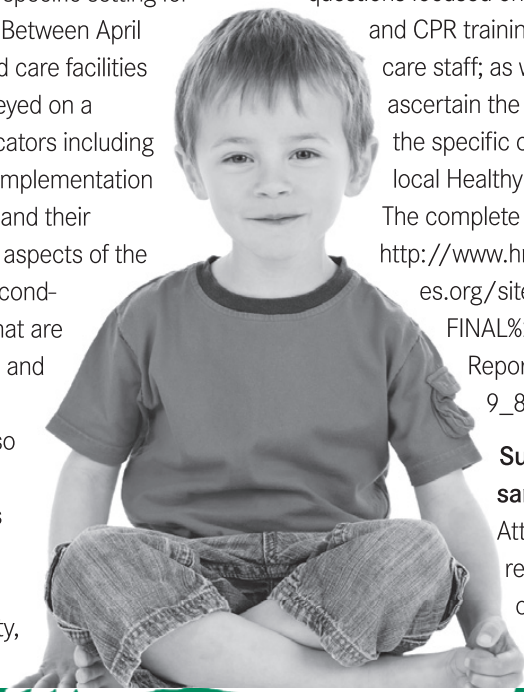
SPRING ISSUE 2011

## Child Care Facilities Play Key Role in Health of Maine Youth

### Results of the Environmental Indicators Survey

#### THE SURVEY:

**Background:** Every year, the evaluation team for the Healthy Maine Partnership programs selects a specific setting for study and analysis. Between April and June 2010, child care facilities in Maine were surveyed on a broad range of indicators including their adoption and implementation of tobacco policies and their compliance with all aspects of the State of Maine's second-hand smoke laws that are specific to day care and child care facilities. The 2010 survey also included questions about opportunities for physical activity, policies on sun exposure/sun safety,



as well as specific questions about the provision of appropriate care for children with asthma and/or diabetes. Additional questions focused on the level of first aid and CPR training received by child care staff; as well as queries to ascertain the level of familiarity that the specific center has with their local Healthy Maine Partnership. The complete report is available at [http://www.hmpgranteesresources.org/sites/default/files/file/FINAL%202010%20EI%20Report\\_daycares%209\\_8\\_10.pdf](http://www.hmpgranteesresources.org/sites/default/files/file/FINAL%202010%20EI%20Report_daycares%209_8_10.pdf)

#### Survey size and sample selection:

Attempts were made to reach all of the 2,359 child care facilities

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## New Surgeon General Report on Tobacco Issued

The most recent Surgeon General's Report on Tobacco, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease*, was released in late 2010. This was the 30th tobacco-related report issued since the inaugural issue in 1964. After years of knowing that tobacco causes disease and death, this issue describes exactly how tobacco smoke damages the body.

Major conclusions from the report, which the scientific evidence supports, include:

- **There is no safe level of exposure to tobacco smoke.** Even occasionally smoking or being briefly exposed to secondhand smoke is harmful.
- **Damage from tobacco smoke is immediate.** The toxic chemicals in tobacco smoke reach your bloodstream within seconds. Your blood transports these chemicals to every organ in your body.
- **Smoking longer means more damage.** The longer you smoke and the more cigarettes you smoke, the higher your risk for serious disease(s).
- **Cigarettes are designed for addiction.** Nicotine is the key ingredient in tobacco that makes it addictive. Over the years

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# PTM and Black Bears Team Together to Fight Tobacco

The Partnership For A Tobacco-Free Maine (PTM) has partnered with the University of Maine Black Bears to help reach the young adult population with messaging about tobacco use.

PTM recognizes this as a unique opportunity to address tobacco-related health disparities with the young adult population, ages 18-24, in that this campaign utilizes student-athletes from various sports to disseminate the messaging. These student-athletes are seen as role models both on and off campus and can be powerful in spreading the message of being tobacco-free. Young adults see these peers and the success they have attained, something that couldn't have happened if they used tobacco. Youth also see these student-athletes as role models and therefore these messages help with youth prevention of tobacco use.

A lot of young adults who use tobacco actually don't think they are tobacco users. They may use it only occasionally, whether at a party or with certain friends. They

don't feel that they have started and that they can give it up at anytime without effort. These "chippers" often don't realize the powerful grip tobacco has on them and how strong an addiction the nicotine in tobacco causes.

*PTM recognizes this as a unique opportunity to address tobacco-related health disparities with the young adult population...*

In addition to the prevention messages the student-athletes distribute, the **Maine Tobacco HelpLine (1-800-207-1230)** and the **QuitLink (thequitlink.com)** are also promoted. These messages have had a wide reach utilizing a variety of media including banners and video messages in the sports arena, radio, and web banners. The video messages were also picked up as PSAs by WABI-TV. There is also an on-campus messaging component and collaboration with the Division of Student Affairs. PTM feels this campaign nicely addresses young adults, a population who has had a history of a high rate of tobacco use compared to other adults.

## New Surgeon General Report on Tobacco Issued *Continued from page 1*

design features and ingredients have changed in cigarettes to get this nicotine to your brain even faster, making cigarettes even more addictive than in the past.

- **There is no safe cigarette.**

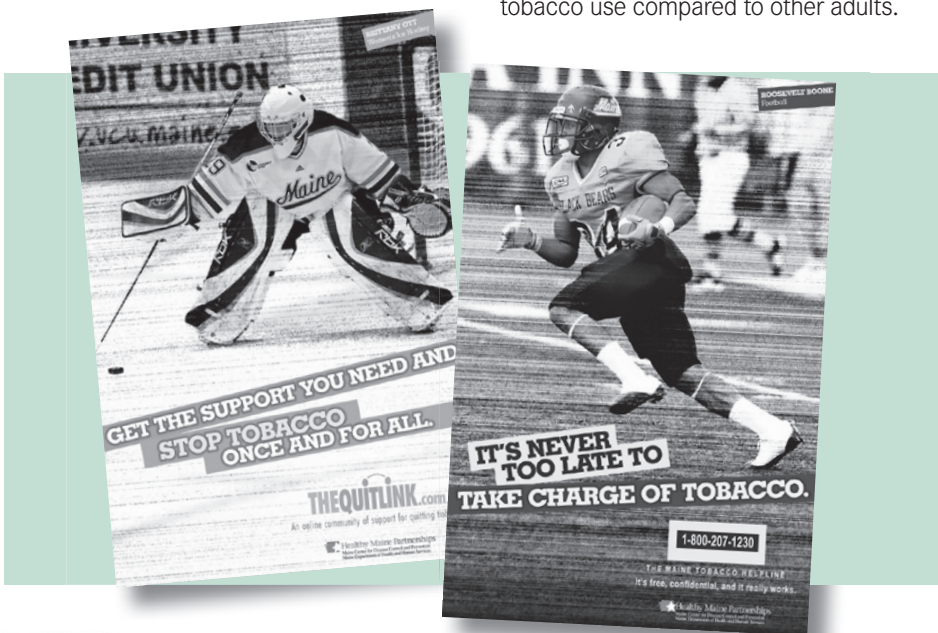
Changes in the design of cigarettes including filtered, low tar, and light have not reduced the risk for disease and may have actually decreased prevention and cessation efforts.

- **The only proven strategy for reducing the risk of tobacco-related disease and death is to never smoke, and if you do smoke to quit.**

It is never too late to quit, but the sooner the better. Even longtime smokers can decrease their risk of disease. It may take several attempts before successfully quitting, but the benefits are worth the efforts.



For more information and to access the full report, executive summary, and booklets for both providers and consumers you can visit: [www.surgeongeneral.gov/library/tobaccosmoke/index.html](http://www.surgeongeneral.gov/library/tobaccosmoke/index.html)



listed by Maine Child and Family Services, conducted in two phases. First, a random, stratified survey of 1,709 child care facilities was drawn proportionate to the number of facilities by region within the state to use for a mail-based survey. An incentive of \$5 was provided to every child care facility that completed the survey. The second phase was a telephone survey of the remaining 650 facilities. Up to ten callback attempts at different times and days, including weekdays and weekends, were made in order to reach all facilities. The survey had an overall response rate for the mail and phone surveys combined of 34%. There were 547 respondents from the 1,790 mail-based sample, and 256 were completed by telephone for a total of 803 completed surveys.

**Results:** The facilities surveyed care for an average of twenty-three (23) children per day, ranging in age from newborn to seventeen years. Sixty-three percent (63%) of the facilities surveyed were home-based centers. The maximum margin of error on any response is +/- 3.5 percentage points. In other words, since any survey estimates a true proportion, the answer to any question in the survey could be 3.5 points higher or lower.

Among home-based facilities:

- 99% reported that the entire residence is entirely smoke-free during hours of operation.
- 99% of outdoor areas are smoke-free whenever a child may be present.
- 97% of all motor vehicles are smoke-free whenever a child under care is present.

Among facilities that are not home-based:

- 89% of respondents answered that the facility is entirely smoke-free.
- 90% report that all outdoor areas are smoke-free, with 8% not answering this question.
- Regarding vehicles used in transport, only 51% report prohibiting smoking, 13%

report that they did not prohibit smoking during transport, while 24% did not answer this question.

Overall, 83% of the staff, owners, and managers report that they have been educated on the laws specific to secondhand smoke; 85% were educated on the Maine law prohibiting smoking by anyone in a vehicle whenever a child under age sixteen is present.

Only 42% of the responding centers have posted smoke-free signs indicating that the center and grounds are smoke-free, despite the fact that free signs are available and can be ordered either online from the PTM store, by phone, or through working with their local Healthy Maine Partnership. Only 37% have been educated on the Smoke-Free Homes Pledge project. Disappointingly, only 59% of staff, including owners/managers have been educated about the Maine Tobacco HelpLine.

Of the 68% center owners who have a written tobacco policy as required by Maine's Workplace Smoking Act, only 55% have posted the policy as required by Maine law. However, the data collected did not identify whether or not the facility answering the survey has any employees. Of the facilities with a written policy, only 49.5% of policies cover all forms of tobacco, including smokeless products, despite the growing popularity of small cigars and new smokeless/spitless tobacco. While 83% have a process to inform parents of their policy, fewer (74%) have a clear process to communicate their policy to visitors. Only 66% of the policies describe consequences or sanctions to use when there are violations of the policy by staff.

### **Recommendations:**

Because of the key and trusted role that child care providers occupy in the lives of Maine's families, it is vitally important that they are equipped with clear, compelling



facts about the dangers of tobacco use and secondhand smoke exposure, as well as the wide range of materials and resources available to help the families that they serve.

Often, child care providers struggle with concerns about offending parents whom they consider as customers and are fearful about mentioning secondhand smoke or tobacco use. However, a recent focus group revealed that when child care providers are asked to rank the health-related concerns that they have about the children that they serve, secondhand smoke and road safety topped the list in the northern part of the state while computer game use and frequent illness was of the most concern in southern parts of the state. While not mentioned as directly in the greater Portland area, attendees there did mention concern about illnesses, the frequency of allergies and lung-related illnesses that they acknowledge could be the result of secondhand smoke.

Local Healthy Maine Partnerships, PTM, and other community organizations can assist child care providers to access resources such as smoke-free and tobacco-free signs and remind them to post their tobacco policies. They can inform the facilities about the free Maine Tobacco HelpLine and the importance of a Smoke-Free Home Pledge that can become part of the educational role child care centers play with their charges and the children's parents.

# Maine Youth Anti-Tobacco Summit Continues Successful Run

The 7th Annual Maine Youth Anti-Tobacco Summit, “Stop. Quit. Resist! (SQR ’10)” was held on November 12, 2010 at the Augusta Civic Center. The event was sponsored by the Partnership For A Tobacco-Free Maine (PTM), and organized by the Maine Youth Action Network (MYAN) and the 2010 MYAN’s Youth Leaders Alliance (MYLA). Nearly 260 youth and adults from across Maine came together to join in the fight against Big Tobacco. The event provided youth with resources, connections, and helped them to build skills in various workshops. The opportunity helped youth to create action plans that will ultimately help in making their communities healthier.

The Summit was kicked off Friday morning by the 2010 MYLA followed by a welcome from Doreen Maines, Program Manager for the Partnership For A Tobacco-Free Maine. The morning keynote presentation was given by Jeff Jordan, the founder of

Social Branding® and the Rescue Social Change Group (RSCG). Jeff spoke about the how the tobacco industry uses evil tactics in getting young people addicted.



We were also fortunate to have a return visitor and featured speaker Dr. Victor DeNoble, who presented an inside look at the science of nicotine addiction. Dr. DeNoble is a former scientist for Phillip Morris who now devotes his time to educating people on the realities of nicotine addiction and Big Tobacco tactics. Dr. DeNoble had previously presented at our 3rd annual summit and we were lucky to have him speak once again.

PTM continues to fund and support this event. As our mission to reduce tobacco-related death and disability in Maine by creating an environment supportive of a tobacco-free lifestyle, we believe in the importance of the power of youth voices in the fight against Big Tobacco.

## New Campaign Reaches Out to Online Community

The goal of The QuitLink, PTM’s most recent campaign, is to provide Maine residents with a support network that is designed to improve quitting success.

Based on the research that quitting smoking, as with other health concerns, is directly linked to the social networks that an individual is a part of, the campaign is centered around an online virtual support network.

The new QuitLink campaign will showcase television and radio messages that use real-life Maine tobacco users to direct viewers/listeners to The QuitLink website—[www.thequitlink.org](http://www.thequitlink.org). The website provides links to local resources, extensive information about the Maine Tobacco HelpLine, and other tools to ensure quitting success.

Other components of the campaign include the QuitLink Facebook and Twitter pages, where users can interact with each other and send/receive encouraging messages. The campaign also uses



online banner ads and business-sized cards to be handed out at the local level. The QuitLink handout cards can be ordered from the PTM store at [www.ptmstore.org](http://www.ptmstore.org).

# The Basics and Beyond: Ten Years of the PTM Tobacco Treatment Initiative

Since the inception of the Partnership For A Tobacco-Free Maine Tobacco Treatment Initiative in 2001, over 3,000 Maine medical, clinical, dental, social service, and school professionals have attended the “Tobacco Intervention: Basic Skills Training” and over 1,100 healthcare practices have participated in on-site training from the PTM Clinical Outreach team. Along with the other PTM promotional and training programs, the result has been that Maine is among the top leaders in the nation with respect to delivery of Brief Tobacco Interventions.

One of the indicators of this success is that the Maine Tobacco HelpLine has assisted over 60,000 Maine residents and at least 25-30% of those Maine residents attributed hearing about the HelpLine from their healthcare provider.

Though the Basic Skills Training and the standard Clinical Outreach session continue to hold pivotal roles in educating healthcare professionals about best practice tobacco

1-800-207-1230

THE MAINE TOBACCO HELPLINE

treatment, there is a growing need to provide training programs that move beyond the fundamentals of brief

interventions. In response, PTM and its contractor, the MaineHealth Center For Tobacco Independence, have developed a new array of educational offerings to meet the needs of a dedicated and increasingly well-informed network of Maine providers and educators.

## This year, the tobacco treatment training programs include:

- **Tobacco Intervention: Basic Skills Training For Professionals**—Designed for all health, allied health, social service, and education professionals
- **Tobacco Intervention: Basic Skills Training for College and University Healthcare Students**—Available for Maine college and university health, allied health, and social service programs
- **Webinars**—Recommended for all health, allied health, social service, and education professionals
- **PTM Mentoring Program (individual mentoring at the CTI Tobacco Treatment Center)**—Applications accepted for licensed health and allied healthcare professionals who have previously attended a PTM Intensive Tobacco Treatment Training
- **Tobacco Use and Its Impact on Co-Occurring Treatment**—Presented in partnership with the Co-Occurring Collaborative Serving Maine (CCSME). Designed for all health, allied health, social service, and education professionals
- **Standard Single Session Clinical Outreach Training**—Available to any Maine clinical, medical, or dental practice
- **Multi-Session Clinical Outreach Training**—Available to any Maine medical, clinical, or dental practice
- **Intensive Tobacco Treatment Training and Conference**—Latest research and best practices on delivery of intensive tobacco treatment. The PTM Basic Skills Training is a prerequisite for this event. This year, the conference has been expanded from two to four days and participants have the option of registering for the first two days only or all four days. Those interested in being certified as Tobacco Treatment Specialists (TTS-C) must attend all four days of the training.

*More information about these offerings, along with registration information, can be found on the PTM website at: [www.tobaccofreemaine.org](http://www.tobaccofreemaine.org). Follow the link for “Training.”*

KUDOS

**Kudos to the Maine Breast and Cervical Health Program and the Partnership For A Tobacco-Free Maine.** The National Center for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection Program has recognized the collaboration between the Maine Breast and Cervical Health Program (MBCHP) and the Partnership For A Tobacco-Free Maine (PTM) to reduce tobacco use in the MBCHP client population. The project has been recognized for its low-cost integrated approach to prevention. The Center for Tobacco Independence (CTI), PTM’s tobacco treatment contractor, sent letters through the MBCHP to 125 providers inviting them to participate in tobacco treatment trainings. To date, close to 70% responded that they are interested! The Maine Tobacco HelpLine will also track the number of MBCHP clients who utilize the healthcare services to quit. Results of this collaboration will be published in a future edition of *The Link*.



**mpha**

Maine Public Health  
Association

## Maine Public Health Association (MPHA) *and* the Health Policy Partners (HPP) of Maine Merge

On October 5, 2010, the Maine Public Health Association (MPHA) and the Health Policy Partners (HPP) of Maine merged to create one nonprofit entity. The name of this new advocacy coalition will remain the Maine Public Health Association.

This decision was made following concerns around the economic climate and limited resources for both coalitions. Common fundamental and shared missions to improve the public's health and decrease chronic disease in Maine were another deciding factor to join forces.

The primary purpose of this merger is to build capacity for policy advocacy and to improve benefits to all existing and future members. It will provide the former HPP membership with the necessary operational supports while expanding the MPHA membership benefits to include stronger advocacy networks and public policy activities. While this represents a major organizational adjustment, and changes are to be expected, the goal of this merger is not to lose any fidelity embodied by the hard work and history of either organization. Those formerly affiliated with HPP will transition to the MPHA membership, and membership dues and donations made to

HPP prior to the merger will fund advocacy activities of MPHA. Healthy Maine Partnerships and the MPHA Policy Committee will continue to make up the grassroots foundation of MPHA's policy activities. The new MPHA policy committee will be calling on these community coalitions in the coming year to enlist their assistance with issues such as physical education in schools, youth tobacco prevention, protection of the Fund for a Healthy Maine, and other chronic disease-related public policies.

*To learn more, please visit*  
[www.mainepublichealth.org/policy.php](http://www.mainepublichealth.org/policy.php)

## Maine Youth Participate in Kick Butts

Kick Butts Day is the national day when youth speak up and take action against the Tobacco Industry by organizing events in schools and communities. On March 23, 2011, Maine youth participated in events to reveal the tactics of the Tobacco Industry and the negative impact of smoking on health.

Thornton Academy, in partnership with UNE's Coastal Healthy Communities Coalition and Southern Maine Medical Center, held an assembly with guest speaker Dr. Richard Kahn, a pulmonologist at Southern Maine Medical Center speaking about his patients who began smoking when they were 12 or 13 years old and now have lung cancer, emphysema, and other respiratory diseases. A display of 545 pairs of shoes was exhibited symbolizing that each pair represented a life lost every hour from lung cancer.

Hattie Simon, a freshman at Thornton Academy, presented on how the Tobacco Industry spent \$59 million in Maine to advertise their products to youth, while Mary Cook, the York District Tobacco Coordinator, discussed how they market to youth by using images of athletes and models that are appealing.

Other events throughout Maine included:

- Noble High School displayed pig lungs to show students the comparison between a healthy lung and diseased pig lungs simulating 20 years of heavy cigarette use.

- Bonny Eagle Middle School Health Club, led by teachers Hilary Ventura and Katherine Chabot-Boucher, developed

*A display of 545 pairs of shoes was exhibited symbolizing the point that each pair represented a life lost every hour from smoking-related lung cancer.*

a PSA around the dangers of tobacco use and how tobacco companies target youth.

Go to [www.kickbuttsday.org/events/index.php](http://www.kickbuttsday.org/events/index.php) to see other events that took place.

# Mr. Gross Mouth

## Highlights the Harmful Effects of Smokeless Tobacco

Tobacco and oral health do not mix. We know that tobacco can affect many parts of the body, especially the heart and lungs, but there is more.

Did you know that smoking, using smokeless tobacco or “chewing” tobacco can result in long-term and irreversible effects in your mouth? Using tobacco products can contribute to having bad breath or yellow or black stained teeth caused from the nicotine. People who smoke are more likely to have periodontal disease which causes their gums to shrink; over time this can result in loss of bone structure that supports the teeth causing people to lose teeth. Smoking can also cause chronic mouth sores, which may lead to oral cancer. People who get oral cancer risk losing part of their tongue, voice box, jaw bones, and their lives.

Tobacco contains many toxic chemicals known to be destructive to the body’s cells and tissues. People who smoke have more

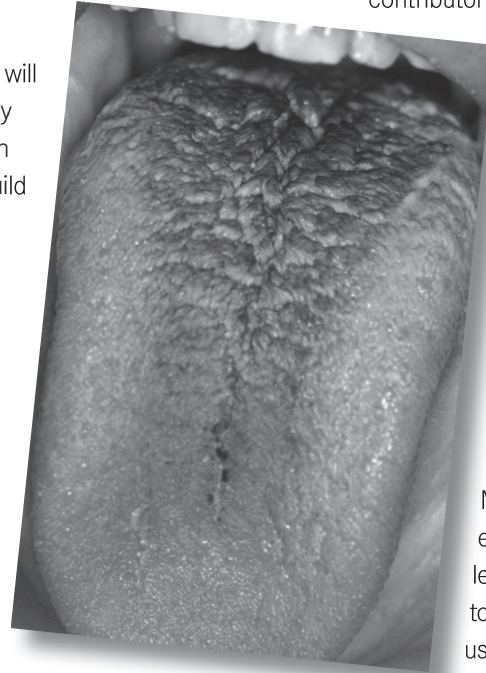
calculus (hardened plaque) on their teeth than nonsmokers. Smokers also may get black hairy tongue, which is one of the grossest things you will ever see! Black hairy tongue occurs when there is a keratin build up on the tongue surface. The papilla on the top of the tongue has an overgrowth, and chemicals from the tobacco cause the papilla to change from pink to brown or black. This can result in a loss of taste and smell.

The nicotine in tobacco causes vasoconstriction (narrowing of blood vessels). When the blood vessels are constricted they are unable to move the bad bacteria out of the mouth. The new

smokeless tobacco products contain 50% sugar which we all know is a major contributor to developing dental cavities. Don’t be fooled by tobacco companies; all tobacco products are harmful to the body.

The students who participated in the Maine Youth Action Network at the tobacco summit November 2010, and attended the session on Mr. Gross Mouth were very enthusiastic about learning what can happen to the mouth as a result of using tobacco products. Among the key points they

took home were that all forms of tobacco products are dangerous and negative health consequences can happen quickly.



### Searching for the latest data? Check out these helpful links:

Tobacco Control State Highlights 2010 available at:

[http://www.cdc.gov/tobacco/data\\_statistics/state\\_data/state\\_highlights/2010/index.htm](http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/index.htm)

Tobacco Control State Highlights 2010: Surveillance & Evaluation Supplement at:

[http://www.cdc.gov/tobacco/data\\_statistics/state\\_data/state\\_highlights/2010/supplement/index.htm](http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/supplement/index.htm)

These include information on the burden of tobacco use and the strategies that have the most impact on reducing tobacco use and preventing initiation of use. Many of the data sources used are new to tobacco control. The second document provides more detailed information about the Highlights indicators and discusses measurement and evaluation considerations relevant to interpreting the findings.

IN THIS  
ISSUE OF



- Highlights from the new Surgeon General Report on Tobacco
- Child care survey results

The Link is published by the Partnership For A Tobacco-Free Maine (PTM).  
The mission of PTM is to reduce death and disability from tobacco use among Maine residents  
by creating an environment supportive of a tobacco-free life. For more information,  
visit us at [www.tobaccofreemaine.org](http://www.tobaccofreemaine.org) or contact us at (207) 287-4627.



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