

Community Transformation Implementation Plan (CTIP) – Community Transformation Grant

Date: 11/27/2012

Site Name	MAINE DEVELOPMENT FOUNDATION				
Project Period Objective (PPO)	By September 29, 2014, increase the number of people with assurance of smoke-free environments at work as a result of employer participating in Healthy Maine Streets from 0 to 1000.				
Timeframe (PPO)	Start Date: September 30, 2012	End Date: September 29, 2014			
Objective Description (PPO)	<i>Maine's workplace smoking law requires that all work places be smoke free, each employer must establish a written smoking policy that complies with state laws, post it, and provide to any employee that requests it; any smoking must be outdoors and at least 20 feet from entryways, windows, air intake, etc., and is prohibited in any work-related vehicle.</i>				
Annual/Multi-Year Objective (AMO)	By September 29, 2014, increase the number of worksites that are in compliance with or exceed existing state laws on smoke-free worksites by 100.				
Timeframe (AMO)	Start Date: September 30, 2012	End Date:(no later than September 2014)			
Objective Description (AMO)	Existing state law requires smoke-free worksites, but many are unaware of what is needed to comply. Minimum of 10 small businesses in each of 20 downtowns will review their own activity, compare results, and, if needed, bring their workplace into compliance.				
Strategy (AMO)	Workplace and employee assessments will be used to identify current level of knowledge. Worksite wellness council in each town will work with participating employers to identify and address gaps and provide resources such as posters, sample policies, and help locating smoking areas properly.				
Setting/Sector (AMO)	Very small business worksites; small town downtown business worksite wellness committee.				
Population Focus (AMO) (Check Only One)	<input type="checkbox"/> General/Jurisdiction Wide		<input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other):		
	Estimated Population Reach: <u>90,000</u>		Estimated Population Reach of Health Disparity Focus: <u>95,000</u>		
Reach/Number of Units (AMO)	At least 200 work sites, 20 communities				
Milestones/Activities (limit 10)	Timeline (Initiation-Completion by Quarter)	Activity(ies) Related to Reducing Health Disparities*	Short Term Outcome/ Measure	Lead Staff	Key Partners
1. Develop a wellness council in each HMeS community and recruit at least 10 participating employers in each	Q2-Q2	x	20 Wellness Council charters created. Signed commitment letters from participants	HMeS; Program Managers	20 communities, 10 small businesses in each community, other participating local wellness partners

2. Conduct the baseline employee health needs and interest survey in each participating communities through HMW	Q2-Q3		Survey results from all 20 Wellness Councils	Wellness Councils; Project Coordinators	State of Maine CVH/worksites wellness program
3. Conduct baseline tobacco-related assessment as part of workplace environmental assessments on all participating employers through HMW	Q3-Q3		Environmental Assessments from all participating employers and organizations	Employers; Project Manager MCD; Project Coordinators	State of Maine CDC CVH/worksites wellness program (HMW), state and local tobacco policy experts
4. Develop tobacco-related workplace wellness work plans with each of the participating employers / organizations	Q3	X	Work Plans from all employers and organizations	Employers; Project Coordinators	HMW, local HMP and others
5. Assess gaps in knowledge and resources across employers and towns and provide additional tools or training if needed.	Q3-Q5		Webinar and training schedule.	Project manager, project coordinators.	Leadership team, CDC, Maine CDC, HMW, Partnership for a Tobacco-free Maine (P4TFM)
6. Employers / Organizations institute necessary environmental and policy changes to come into compliance with existing state and local law.	Q5 - Q7	x	Meeting notes; TA documentation; participant reports	Employers; Project Coordinators	Maine CDC/HMW, P4TFM
7. Employers/Organizations provide summary report on work plan progress to wellness councils on a quarterly basis	Q2 - Q8		Summary reports from all employers	Employers; Project Coordinators	
8. Conduct follow up tobacco-related workplace wellness environmental assessments on all participating employers through HMW	Q8 - Q8		100% of participating employers and organizations complete assessments.	Employers; Project Coordinators	

9. Compare and describe changes based on baseline and Q8 participant assessments	Q8-Q8		Data report and analysis	Program Manager MCD	
--	-------	--	--------------------------	------------------------	--

Community Transformation Implementation Plan (CTIP) – Community Transformation Grant

Date: 11/27/2012

Site Name	MAINE DEVELOPMENT FOUNDATION				
Project Period Objective (PPO)	By September 29, 2014, increase the number of people with access to smoking cessation groups through their workplace as a result of a healthy Maine Streets Coalition initiative from 0 to at least 100.				
Timeframe (PPO)	Start Date: September 30, 2012		End Date: September 29, 2014		
Objective Description (PPO)	Employees that have been unable to find support for cessation activities will help one another stop by joining other employees in a participating downtown for shared activities and incentives related to smoking cessation.				
Annual/Multi-Year Objective (AMO)	By September 29, 2014, increase the number communities in which a group of small employers come together to offer their workforces a shared smoking cessation activity from 0 to 3.				
Timeframe (AMO)	Start Date: September 30, 2012		End Date:(no later than September 2014)		
Objective Description (AMO)	By joining together through HMeS worksite wellness councils. small employers in at least three communities will create a critical mass of employees to support one another for group smoking cessation activities.				
Strategy (AMO)	Councils with a significant number of participants interested in smoking cessation will be organized to form a stop smoking group that will use tools provided through HMeS and local wellness providers, with mutual support provided across multiple workplaces .				
Setting/Sector (AMO)	Rural and small business				
Population Focus (AMO) (Check Only One)	<input type="checkbox"/> General/Jurisdiction Wide Estimated Population Reach: _____		<input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): Estimated Population Reach of Health Disparity Focus: <u> 95,000 </u>		
Reach/Number of Units (AMO)	30 employers across 3 communities to participate; 200 across 20 communities have access to this opportunity.				
Milestones/Activities (limit 10)	Timeline (Initiation-Completion by Quarter)	Activity(ies) Related to Reducing Health Disparities*	Short Term Outcome/ Measure	Lead Staff	Key Partners
1. Develop a wellness council in each HMeS community and recruit at least 10	Q2-Q2	x	20 Wellness Council charters created. Signed	HMeS; Program Managers	20 communities, 10 small businesses in each community, other

participating employers in each			commitment letters from participants		participating local wellness partners
2. Conduct the baseline employee health needs and interest survey in each participating communities through HMW	Q2-Q3		Survey results from all 20 Wellness Councils	Wellness Councils; Project Coordinators	State of Maine CVH/worksite wellness program (HMW)
3. Develop tobacco related community/shared workplace wellness work plans with each Wellness Council, including shared multi-site activities.	Q3-Q4		Work Plans from all 20 Wellness Councils	Wellness Councils; Project Coordinators	State of Maine HMW, local wellness providers
4. Develop tobacco-related workplace wellness work plans with each of the participating employers / organizations, including shared initiatives	Q3	X	Work Plans from all employers and organizations	Employers; Project Coordinators	State of Maine HMW, local wellness providers
5. Assess gaps in knowledge and resources across employers and towns and provide additional tools or training if needed.	Q3-Q5		Webinar and training schedule.	Project manager, project coordinators.	Leadership team, CDC, Maine CDC, HMW, Partnership for a Tobacco-free Maine (P4TFM)
6. Wellness Councils and groups of participating employers implement evidence based strategies and interventions addressing tobacco use cessation and prevention programs outlined in their wellness work plan.	Q5 - Q7	x	Meeting notes; TA documentation; participant reports	Wellness Councils; Project Coordinators	HMP and other local wellness provider/contractors, P4TFM

7. Employers / Organizations implement evidence based strategies and interventions addressing tobacco use policies and prevention programs outlined in their wellness work plan	Q5 - Q7	x	Meeting notes; TA documentation; participant reports	Employers; Project Coordinators	
8. Employers/Organizations provide summary report on work plan progress to wellness councils on a quarterly basis	Q2 - Q8		Summary reports from all employers	Employers; Project Coordinators	
9. Conduct follow up employee health needs and interest survey in each of the participating communities through HMW	Q8 - Q8	X	Survey results from all 20 Wellness Councils & Comparative analysis	Wellness Councils	
10. Compare and describe changes based on baseline and Q8 participant assessments	Q8-Q8		Data report and analysis	Program Manager MCD	

Community Transformation Implementation Plan (CTIP) – Community Transformation Grant

Date: 11/27/2012

Site Name	MAINE DEVELOPMENT FOUNDATION				
Project Period Objective (PPO)	By September 29, 2014, increase the number of adults in funded communities with increased access to physical activity opportunities from XX to YY.				
Timeframe (PPO)	Start Date: September 30, 2012	End Date: September 29, 2014			
Objective Description (PPO)	In Maine, overweight and obesity are an epidemic. Overweight and obesity are caused by many factors. However, behavioral and environmental factors are large contributors to overweight and obesity and provide the greatest opportunity for actions and interventions designed for prevention and treatment. Approximately 300,000 deaths every year can be attributed to a combination of unhealthy dietary habits and sedentary behaviors. Thus, a healthy diet and regular physical activity, consistent with the Dietary Guidelines for Americans, should be promoted as the cornerstone of any prevention or treatment effort. The goal is to improve awareness among employers in funded communities of the benefits of physical activity and expand their willingness to provide opportunities for physical activity.				
Annual/Multi-Year Objective (AMO)	By September 29, 2014, increase the percentage of employers in the funded communities that implement organizational or environmental changes that support increased physical activity from 0 to 50%.				
Timeframe (AMO)	Start Date: September 30, 2012	End Date: (no later than September 2014)			
Objective Description (AMO)					
Strategy (AMO)	Workplace and employee assessments will be used to identify current efforts. Worksite Wellness Council in each town will work with participating employers to identify and address evidence-based steps to support increased physical activity.				
Setting/Sector (AMO)	Small downtown worksites in specified communities.				
Population Focus (AMO) (Check Only One)	<input type="checkbox"/> General/Jurisdiction Wide	<input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other (small business employees)):			
	Estimated Population Reach: <u> 90,000 </u>	Estimated Population Reach of Health Disparity Focus: <u> 95,000 </u>			
Reach/Number of Units (AMO)	At least 100 work sites, 20 communities				
Milestones/Activities (limit 10)	Timeline (Initiation-Completion by Quarter)	Activity(ies) Related to Reducing Health Disparities*	Short Term Outcome/ Measure	Lead Staff	Key Partners
1. Develop a wellness council in each HMeS community and recruit at least 10 participating employers in each	Q2-Q2	x	20 Wellness Council charters created. Signed commitment	HMeS; Program Managers	20 communities, 10 small businesses in each community, other

			letters from participants		participating local wellness partners
2. Conduct baseline physical activity assessment as part of workplace environmental assessments on all participating employers through HMW	Q2-Q2		Environmental Assessments from all participating employers and organizations	Employers; Project Manager MCD; Project Coordinators	State of Maine CDC CVH/worksite wellness program (HMW), state and local physical activity policy experts
3. Develop physical activity related workplace wellness work plans with each of the participating employers / organizations	Q3-Q3		Work Plans from all employers and organizations	Employers; Project Coordinators	HMW, local HMP and others
4. Employers / Organizations institute necessary environmental and policy changes to promote and improve increased physical activity	Q3	X		Employers; Project Coordinators	Leadership team, CDC, Maine CDC, HMW
5. Employers/Organizations provide summary report on work plan progress to wellness councils on a quarterly basis	Q2-Q8		Summary reports from all employers	Employers; Project Coordinators	
6. Conduct follow up physical activity related workplace wellness environmental assessments on all participating employers through HMW	Q8		100% of participating employers and organizations complete assessments.	Employers; Project Coordinators	
7. 100% of participating employers and organizations complete assessments.	Q7			Employers; Project Coordinators	
8. Compare and describe changes based on baseline and participant assessments	Q8		Data report and analysis	Program Manager MCD	

Community Transformation Implementation Plan (CTIP) – Community Transformation Grant

Date: __11/27/2012__

Site Name	MAINE DEVELOPMENT FOUNDATION				
Project Period Objective (PPO)	By September 29, 2014, increase the number of adults in funded communities with increased access to physical activity opportunities from XX to YY.				
Timeframe (PPO)	Start Date: September 30, 2012		End Date: September 29, 2014		
Objective Description (PPO)	In Maine, overweight and obesity are an epidemic. Overweight and obesity are caused by many factors. However, behavioral and environmental factors are large contributors to overweight and obesity and provide the greatest opportunity for actions and interventions designed for prevention and treatment. Approximately 300,000 deaths every year can be attributed to a combination of unhealthy dietary habits and sedentary behaviors. Thus, a healthy diet and regular physical activity, consistent with the Dietary Guidelines for Americans, should be promoted as the cornerstone of any prevention or treatment effort. Local wellness councils and businesses will work to promote increased physical activity within the local community.				
Annual/Multi-Year Objective (AMO)	By September 29, 2014, increase the number of communities that implement environmental changes that increase physical activity opportunities for community residents from 0 to 10.				
Timeframe (AMO)	Start Date: September 30, 2012		End Date: September 29, 2014		
Objective Description (AMO)	Promotion of physical activity in worksites and among employees will promote change within the community as a whole.				
Strategy (AMO)	Through Wellness Councils, participating businesses work to implement community-wide environmental changes that support shared physical activity objectives.				
Setting/Sector (AMO)	Small downtown worksites in specified communities.				
Population Focus (AMO) (Check Only One)	<input type="checkbox"/> General/Jurisdiction Wide		<input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other (small business employees)):		
	Estimated Population Reach: <u>90,000</u>		Estimated Population Reach of Health Disparity Focus: <u>180,000</u>		
Reach/Number of Units (AMO)	10 Main Street Maine communities with an estimated population of 133,400.				
Milestones/Activities (limit 10)	Timeline (Initiation-Completion by Quarter)	Activity(ies) Related to Reducing Health Disparities*	Short Term Outcome/ Measure	Lead Staff	Key Partners
1. Develop a wellness council in each HMeS community and recruit at least 10 participating employers in each	Q2-Q2	x	20 Wellness Council charters created. Signed commitment letters from participants	HMeS; Program Managers	20 communities, 10 small businesses in each community, other participating local wellness partners
2. Conduct the baseline assessment of	Q2-Q3		Survey results from all 20 Wellness Councils	Wellness Councils; Project	State of Maine CVH/worksite

existing environmental circumstances in all 20 communities				Coordinators	wellness program (HMW)
3. Assess gaps and opportunities and develop plans to implement environmental changes with local wellness councils.	Q3-Q4		Work Plans from all 20 Wellness Councils	Wellness Councils; Project Coordinators	State of Maine HMW, local wellness providers
4. Wellness Councils and local officials implement evidence-based environmental changes	Q4-Q6	x	Meeting notes; TA documentation; participant reports	Wellness Councils; Project Coordinators	Leadership team, local leaders
5. Wellness Councils report on changes and results	Q6 - Q8		Summary reports from participating communities	Project manager, project coordinators.	Leadership team, CDC, Maine CDC, HMW
6. Compare and describe changes based on baseline and Q8 participant assessments	Q8	x	Data report and analysis	Project Manager MCD	

Community Transformation Implementation Plan (CTIP) – Community Transformation Grant

Date: 11/27/2012

Site Name	MAINE DEVELOPMENT FOUNDATION				
Project Period Objective (PPO)	Increase the number of people with access to environments with healthy food or beverage options from XX to YY by September 2014.				
Timeframe (PPO)	Start Date: September 30, 2012		End Date: September 29, 2014		
Objective Description (PPO)	In Maine, overweight and obesity are an epidemic. Overweight and obesity are caused by many factors. However, behavioral and environmental factors are large contributors to overweight and obesity and provide the greatest opportunity for actions and interventions designed for prevention and treatment. Approximately 300,000 deaths every year can be attributed to a combination of unhealthy dietary habits and sedentary behaviors. Thus, a healthy diet and regular physical activity, consistent with the Dietary Guidelines for Americans, should be promoted as the cornerstone of any prevention or treatment effort .				
Annual/Multi-Year Objective (AMO)	Increase the number of employers who implement environmental changes or programs to increase access to healthy food or beverage options for their employees from XX to YY by September 2014.				
Timeframe (AMO)	Start Date: September 30, 2012		End Date: (no later than September 2014)		
Objective Description (AMO)	Worksites have an opportunity to promote good nutrition by creating an environment that supports healthy eating. By implementing and communicating policies that promote healthy eating, worksites can improve the nutritional content of food and beverages offered at worksite sponsored meetings/events as well as in vending machines. In addition to policies that require healthy food choices to be offered, clearly labeling/identifying healthy food choices at meetings/events and in vending machines will help employees with making healthier food choices.				
Strategy (AMO)	Workplace and employee assessments will be used to identify current level of knowledge. Worksite Wellness Councils in each town will work with participating employers to identify and address gaps and provide resources such as posters, sample policies, and labels for identifying healthy food choices.				
Setting/Sector (AMO)	Small worksites in the downtown districts of 20 specified communities.				
Population Focus (AMO) (Check Only One)	<input type="checkbox"/> General/Jurisdiction Wide Estimated Population Reach: _____		<input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other (small business employees)): Estimated Population Reach of Health Disparity Focus: <u>180,000</u>		
Reach/Number of Units (AMO)	At least 200 work sites, 20 communities will review				
Milestones/Activities (limit 10)	Timeline (Initiation-Completion by Quarter)	Activity (ies) Related to Reducing Health	Short Term Outcome/ Measure	Lead Staff	Key Partners

		Disparities*			
1. Develop a wellness council in each HMeS community and recruit at least 10 participating employers in each	Q2-Q2	x	20 Wellness Council charters created. Signed commitment letters from participants	HMeS; Program Managers	20 communities, 10 small businesses in each community, other participating local wellness partners
2. Conduct the baseline employee health needs and interest survey in each participating communities through HMW	Q2-Q3		Survey results from all 20 Wellness Councils	Wellness Councils; Project Coordinators	State of Maine CVH/worksite wellness program
3. Conduct baseline nutrition-related assessment as part of workplace environmental assessments on all participating employers through HMW	Q3-Q3		Environmental Assessments from all participating employers and organizations	Employers; Project Manager MCD; Project Coordinators	State of Maine CDC CVH/worksite wellness program (HMW), State Nutrition Program Experts, local HMP
4. Develop nutrition-related workplace wellness work plans with each of the participating employers / organizations	Q3	X	Work Plans from all employers and organizations	Employers; Project Coordinators	HMW, local HMP and others
5. Assess gaps in knowledge and resources across employers and towns and provide additional tools or training if needed.	Q3-Q5		Webinar and training schedule.	Project manager, project coordinators.	Leadership team, CDC, Maine CDC, HMW, Maine-Nutrition Program
6. Employers / Organizations institute necessary environmental and policy changes to support healthy eating and food/beverage choices	Q5 - Q7	x	Meeting notes; TA documentation; participant reports	Employers; Project Coordinators	Maine CDC/HMW, local HMP, Maine Nutrition Program
7. Employers/Organizations provide summary report on work plan progress to wellness councils on a quarterly basis	Q2 - Q8		Summary reports from all employers	Employers; Project Coordinators	Other Main Street partners

8. Conduct follow up nutrition-related workplace wellness environmental assessments on all participating employers through HMW	Q8 - Q8		100% of participating employers and organizations complete assessments.	Employers; Project Coordinators	Other Main Street partners
9. Compare and describe changes based on baseline and Q8 participant assessments	Q8-Q8		Data report and analysis	Program Manager MCD	US CDC, HMPs

Community Transformation Implementation Plan (CTIP) – Community Transformation Grant

Date: 11/27/2012

Site Name	MAINE DEVELOPMENT FOUNDATION				
Project Period Objective (PPO)	Increase the number of people with access to environments with healthy food or beverage options from XX to YY by September 2014.				
Timeframe (PPO)	Start Date: September 30, 2012		End Date: September 29, 2014		
Objective Description (PPO)	Access to fruits and vegetables is a challenge for many Maine Residents. Cost and access to fruits and vegetables have been a major barrier to employees getting adequate servings each day to meet dietary recommendations. Increasing access to local resources will help employees in participating downtowns for multisite or community-wide activities and incentives related to greater fruit and vegetable consumption.				
Annual/Multi-Year Objective (AMO)	By September 29, 2014, increase the number of communities that bring employers together to increase employee access to fruits and vegetables in the community from 0 to 10.				
Timeframe (AMO)	Start Date: September 30, 2012		End Date: (no later than September 2014)		
Objective Description (AMO)	By joining together through HMeS worksite wellness councils, small employers in at least ten communities will create a critical mass of employees to create opportunities to increase fruit and vegetable consumption.				
Strategy (AMO)	Worksite Wellness Councils will partner with employers, local farmers markets and/or grocery stores to develop programs / incentives for employees to increase their fruit and vegetable consumption.				
Setting/Sector (AMO)	Small worksites in the downtown districts of 20 specified communities.				
Population Focus (AMO) (Check Only One)	<input type="checkbox"/> General/Jurisdiction Wide Estimated Population Reach: _____		<input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other (small business employees)): Estimated Population Reach of Health Disparity Focus: <u> 182,000 </u>		
Reach/Number of Units (AMO)	100 employers across 10 communities to participate; 200 across 20 communities have access to this opportunity.				
Milestones/Activities (limit 10)	Timeline (Initiation-Completion by Quarter)	Activity(ies) Related to Reducing Health Disparities*	Short Term Outcome/ Measure	Lead Staff	Key Partners

1. Develop a wellness council in each HMeScommunity and recruit at least 10 participating employers in each	Q2-Q2	x	20 Wellness Council charters created. Signed commitment letters from participants	HMeS; Program Managers	20 communities, 10 small businesses in each community, other participating local wellness partners
2. Conduct the baseline employee health needs and interest survey in each participating communities through HMW	Q2-Q3		Survey results from all 20 Wellness Councils	Wellness Councils; Project Coordinators	State of Maine CVH/worksite wellness program (HMW)
3. Develop nutrition related community/shared workplace wellness work plans with each Wellness Council, including shared multi-site activities.	Q3-Q4		Work Plans from all 20 Wellness Councils	Wellness Councils; Project Coordinators	State of Maine HMW, local wellness providers
4. Develop nutrition-related workplace wellness work plans with each of the participating employers / organizations, including shared initiatives	Q3	X	Work Plans from all employers and organizations	Employers; Project Coordinators	State of Maine HMW, local wellness providers
5. Assess gaps in knowledge and resources across employers and towns and provide additional tools or training if needed.	Q3-Q5		Webinar and training schedule.	Project manager, project coordinators.	Leadership team, CDC, Maine CDC, HMW, local HMP. Maine Nutrition Program
6. Wellness Councils and groups of participating employers implement evidence based strategies and interventions addressing healthy eating programs outlined in	Q5 - Q7	x	Meeting notes; TA documentation; participant reports	Wellness Councils; Project Coordinators	HMP and other local wellness provider/contractors,

their wellness work plan.					
7. Employers / Organizations implement evidence based strategies and interventions addressing healthy eating policies and prevention programs outlined in their wellness work plan	Q5 - Q7	x	Meeting notes; TA documentation; participant reports	Employers; Project Coordinators	External partners including HMPs, schools, family members, other businesses.
8. Employers/Organizations provide summary report on work plan progress to wellness councils on a quarterly basis	Q2 - Q8		Summary reports from all employers	Employers; Project Coordinators	Other Main Street partners
9. Conduct follow up employee health needs and interest survey in each of the participating communities through HMW	Q8 - Q8	X	Survey results from all 20 Wellness Councils & Comparative analysis	Wellness Councils	Other Main Street partners
10. Compare and describe changes based on baseline and Q8 participant assessments	Q8-Q8		Data report and analysis	Program Manager MCD	US CDC, HMPs

Community Transformation Implementation Plan (CTIP) – Community Transformation Grant

Date: 11/27/2012

INFRASTRUCTURE OBJECTIVE

Site Name	MAINE DEVELOPMENT FOUNDATION	
Project Period Objective (PPO)	By September 29, 2014, increase the number of infrastructure components for supporting CTG recipient activities from 0 to 1.	
Timeframe (PPO)	Start Date: September 30, 2012	End Date: September 29, 2014
Objective Description (PPO)	The Maine Development Foundation (MDF) in collaboration with MCD Public Health, will establish Healthy Maine Streets as a program of MDF's Maine Downtown Center	
Annual/Multi-Year Objective (AMO)	By September 29, 2014, increase the number of Wellness Councils with the ability to create healthier town environments from 0 to 20.	
Timeframe (AMO)	Start Date: September 30, 2012	End Date: September 30, 2014
Objective Description (AMO)	Establish Wellness Councils as an active component in specific communities focused on worksite wellness for 1) small downtown businesses to address worksite wellness for their employees, and 2) to initiate solutions that take place across the community.	
Strategy (AMO)	Leverage existing organizational structure in Main Street Maine and Maine Downtown Network communities	
Setting/Sector (AMO)	Small downtown worksites in specified communities	
Population Focus (AMO) (Check Only One)	<input type="checkbox"/> General/Jurisdiction Wide Estimated Population Reach: _____	<input checked="" type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): Estimated Population Reach of Health Disparity Focus : <u>180,000</u>
Reach/Number of Units (AMO)	20	

Milestones/Activities (limit 10)	Timeline (Initiation-Completion by Quarter)	Activity(ies) Related to Reducing Health Disparities*	Short Term Outcome/ Measure	Lead Staff	Key Partners
1. Appropriately staff the Healthy Maine Street program and secure contract with MCD Public Health	Q1 – Q1	X	40% MDF Program Directors; 10% MDF Finance Director, 60% MDF Program Manager, 60% MCD Program Manager, two 60% Project Coordinators	MDF Program Directors	MCD Public Health Program Directors
2. Leadership Team convened and briefed on goals and processes. Evaluation Plan drafted and submitted to US CDC	Q1 – Q1	X	Responsibilities and tasks documented and evaluation plan submitted	MDF Program Directors	All Program Directors and Program Managers
3. Leadership Team develops guidance for Wellness Councils and distributes to potential participants and partners	Q1 – Q1	X	Document developed and distributed	MDF Program Directors	MCD Program Managers
4. Revise and submitted updated CTIPs based on reviewer feedback and CDC staff guidance	Q1 – Q1	X	Revised CTIPS submitted to CDC	MDF Program Directors	MCD Program Manager
5. Leadership Team disseminates progress reports and updates to stakeholders	Q4 and Q8	X	Annual Report created and distributed	Program Directors	Program Managers
6. Dissemination and materials monitored for reach	Q1 – Q8	X	Review utilization data	Program Managers	Program Managers

7. Document challenges and concerns in use of HMW product	Q2 – Q8	X	Monitor Help Desk calls and type of problem	Program Managers	Program Coordinators
8. Provide technical assistance to businesses and Wellness Councils	Q2-Q8	X	Environmental Assessments from all participating employers and organizations	Program Managers	Program Coordinators
9. Monitor Wellness Councils and employer work plans for compliance with SMART approach and implementation	Q3 – Q8	X	Work plans and reports reviewed and problems addressed	Program Managers	Program Managers
10. Scan participating businesses and Wellness Councils to identify success stories and problem solve in instance of difficulties	Q3 – Q7	X	Real time data review monthly; Coach reports to Leadership Team	Program Managers	Program Managers