



MAINE CENTER
for Public Health

Annual Report 2005

Mission: *The Maine Center for Public Health will enhance the health of Maine citizens through an organized program of research, education and training, technical assistance, and policy analysis.*

Goals and Highlights of Accomplishments

Goal 1: The Maine Center for Public Health will play an increasingly important role in public policy development in Maine to advance public health goals, in partnership with its advocacy partner, the Maine Public Health Association, as well as other organizations.

Dirigo Health Reform

Dirigo Task Force

The joint Maine Center for Public Health/Maine Public Health Association (MCPH/MPHA) Dirigo Task Force, funded by the Maine Health Access Foundation, continued public health input to the Dirigo reform process, this time with a focus on the state health plan. We gave consistent input to the Governor's Office on Health Policy and Finance and the Advisory Council on Health Systems Development, which were charged with creating and providing input to the plan. Our contribution consisted of: review and identification of best practices from other state plans, review of essential elements of health systems which effectively integrated public health and clinical care, recommendations for expert consultant assistance and white papers which delineated the essential elements of a public health plan, the interface between clinical care and public health and the relationship of Maine Care to public health. We attended a number of discussion forums and hearings to provide input and testimony and convened public health community forums to review Plan drafts. (The final plan was released in early 2006). Information was regularly shared with the MCPH and MPHA boards and in written reports and updates. We also provided information to a separate community partners group. The State Health Plan release was significantly delayed, but the activities and deliverables of the grant were successfully completed.

The Maine Turning Point Project

The MTPP, funded by the Robert Wood Johnson Foundation, hosted its final site visit with the National Program Office in the spring. Key Maine stakeholders participated in this final project review. In discussing the measurable differences in health systems since MTPP began, we identified the following changes (some were directly attributable to MTPP, while others occurred in congruence): development of the Maine Center for Public Health, MTPP's institutional home in the implementation phase; enhanced and ongoing Maine public health infrastructure; greater

collaboration between different chronic disease sectors; statewide and local successes in addressing tobacco and youth overweight; ongoing legislative public health victories; use of emergency preparedness funding to develop infrastructure, a response system and associated education on sub state basis and greater attention to the intersection of clinical care and public health.

In addition, MTPP contributed to: workforce assessment and creation of certificate and degree programs at the University of New England College of Medicine (UNECOM) and the University of Southern Maine and development of an integrated public health information system, which is allied with the Health Info Net (MHINT) project. A number of evidence based, innovative community projects based on CDC guidelines were also funded through mini grants.

Finally, since MTPP inception, MPHA membership has increased, especially among clinicians and the Maine Network of Healthy Communities was funded \$80,000 for organizational development and internal mentoring programs. Community groups also made up the largest constituency group on the MTPP Steering Committee.

Maine's extensive public health social marketing efforts, facilitated by involvement with the national Turning Point Social Marketing Collaborative, have received attention both statewide and nationally. MTPP stakeholders also promulgated the use of assessment tools, which are based on national performance standards and the ten essential services.

The development of infrastructure in Maine is still ongoing. MTPP built a foundation for future efforts, based on the exhaustive input of myriad partners. All stakeholders agreed that its vision should be made a reality.

Goal 2: The Maine Center for Public Health will enhance educational training opportunities in Maine for the public health workforce.

[Area Health Education Center](#)

Area Health Education Center

The MCPH AHEC's activities (funded by HRSA) proceeded in several fronts during 2005. We supervised population health projects, which integrated clinical care and public health, for over one hundred sixty UNECOM medical students as they performed their AHEC rotations in rural, underserved Maine communities. Topics ranged from diabetes education to dementia to opiate abuse.

We aided in the development of a white paper on health workforce issues in Maine and helped write an implementation grant for this work. Finally, we participated extensively in the creation and implementation of a web portal initiative, staffed by the Acadia Health Education Coalition, to give information and support to Maine students regarding education and career options. As part of this work, we will assemble a cadre of mentors for interested students.

Public Health Internship Opportunities

In 2005, we received inquiries from over forty MPH students and undergraduate students regarding public health internships, especially summer internships. We were able to place about twenty students and plans were made for further outreach in 2006. We participated in two college job fairs and received much interest in internships and public health education options. We also spoke to nine MPH graduates regarding Maine jobs and were able to make a number of referrals. One of the issues that emerged in 2005 was the dearth of positions for qualified MPH graduates in rural Maine because of our lack of infrastructure.

For 2006, we would like to work more extensively on internship opportunities and an associated curriculum, as well as possible MCPH seminar development for interns.

Geriatric Research Scholars Program

This was another HRSA-funded initiative conducted in partnership with UNECOM. The original plan was to work with six family practice sites around the state to create evidence-based projects concerning aging and public health. The MCPH would provide technical assistance and research support. The goal was to assess needs around aging in practice, develop a project and evaluate its impact. Extensive information about local, state and national resources was to be provided through our web site.

Funding constraints on the federal level forced us to reconsider our initial goals. Instead, we planned a multifaceted aging and public health conference (funded by the New England Alliance for Workforce Development) to be held in spring, 2006 and a web based course on aging and public health which will be disseminated to practitioners statewide in 2006.

Friends of the Center Across the U.S. (FOCUS)

The goal of this project was to develop a cadre of local and national leaders in public health who can support the Center and its work. Hugh Tilson, our Senior Fellow, helped spearhead this project, with Ann Conway providing staff assistance. A group of over forty national leaders with a connection to Maine were identified and in initial meeting held in June 2006. This centered on an introduction to the MCPH and Maine public health as well as identification of future topics and potential funding sources for a proposed Summer Institute. The intent of this initiative is to provide a forum for national and Maine leaders to explore pressing concerns in public health and propose solutions to them. Following the successful 2005 meeting, plans were made for another gathering in June 2006. This will center on "Ethics, Law and Public Health: A Maine and National Conversation". It will help us develop an ethical framework to examine pressing Maine public health issues, such as infrastructure development, emergency preparedness and health informatics.

Public Health Emergency Preparedness Training

The Maine Center for Public Health works in collaboration with the Maine Center for Disease Control and Prevention (MaineCDC) and the Harvard Center for Public Health Preparedness (CPHP) to bring education and training, including exercises and drills to a variety of health, public health and other leaders across the state. The follow are highlights of 2005 activities:

- In collaboration with MCPH and BOH, the Harvard CPHP has released *Emergency Preparedness Monthly – Maine Edition* an online publication. It provides information on training, new resources and research all related to emergency preparedness. The initial mailing list included about 1,000 individuals in Maine.
- A “Connectivity Leadership Training” was held on May 21 co-sponsored with Harvard Center for Public Health Preparedness and was attended by 83 participants. The participation included all of the emergency preparedness program’s target audiences -- town managers, police, fire, EMS, hospital staff, Regional Resource Centers, first responders, county commissioner, local health officers, state employees, etc.
- There has been continued progress on improving the Learning Management System’s ability to provide useful reports on the emergency preparedness trainings.
- Five Basic Emergency Preparedness trainings for the Maine CDC staff took place in the month of June and were attended by 369 staff.
- A day long training entitled *Leadership for National, State and Local Preparedness: Strategies for Conflict Resolution, Negotiation and Problem Solving* was held on June 21, 2005. The target audience included, but was not limited to; MEMA, EMS, the Governor’s Office, State Police, County Commissioners, Maine Hospital Association, the public health community and other interested organizations, agencies or persons.
- On September 29th, 2005 eighteen laboratory personnel from the Southern Maine Region participated in a training called “The Role of the Sentinel Laboratory” presented by staff from the Maine State Health and Environmental Testing Laboratory (HETL). The purpose of the training was to assist labs and laboratorians across Southern Maine to understand their important role in public health emergency preparedness and response.
- On November 29, “Advanced Clinical Aspects of Emergency Preparedness” training was held with the Southern Maine Regional Resource Center and provided hospital-based healthcare providers detailed clinical information to diagnose and treat illness and injury resulting from exposure to potential weapons of mass destruction. More than 100 clinicians attended.

Goal 3: The Maine Center for Public Health will contribute to available knowledge about public health practice in Maine through applied research and dissemination.

Maine Harvard Prevention Research Center

The Maine-Harvard Prevention Research (M-HPRC) is a collaboration between the Harvard Prevention Research Center, the Maine Center for Public Health and the Maine Center for Disease Control and Prevention that began in 2001. The focus of the M-HPRC is on improving nutrition, increasing physical activity and reducing obesity. While the primary work of the M-HPRC has been on youth, in 2005 the M-HPRC expanded to include all age groups.

The Maine-Harvard Prevention Research Center engages in a number of activities with many partners across the state. Below is a summary of our major projects/accomplishments in 2005.

1. The Maine Youth Overweight Collaborative

In partnership with the Maine-Harvard Prevention Research Center, MCPH along with the Maine Chapter of American Academy of Pediatrics (MAAP) established in 2004 a two-year initiative called the *Maine Youth Overweight Collaborative* (MYOC). Using the “Breakthrough Series Collaborative” model developed by the Institute for Healthcare Improvement (IHI), the MYOC brought together clinical experts, primary care practices, and community partners to learn from each other and expert faculty. MYOC cultivated local expertise and shared goals to improve management and decrease youth overweight in Maine.

During 2005, the 12 practice teams attended two additional learning sessions and were able to demonstrate specific system and practice improvements that are likely to benefit patients and families. For example, all provider groups now take height and weight measurement, calculate BMI percentile for age and gender and classify patients by weight category. Learning sessions focused on how to develop group sessions for patient follow up and brief negotiation skills. In addition, providers are using the 5-2-1-0 message with patients and families (5 or more fruits and vegetables, 2 hours or less of screen time, at least one hour of physical activity, avoid sugar-sweetened beverages and juice, and replace it with water or 1% or less milk.)

The collaborative will end in 2006 with a final celebration and report on the results of an extensive evaluation process. This initial program was made possible by funding secured from the Maine Health Access Foundation (MeHAF). Additional funding for new sites in 2006 will be sought.



2. Advocacy

M-HPRC Steering Committee, MCPH Board members and staff worked closely with the Maine Coalition on Smoking or Health on LD796, the bill from the Commission to Study Public Health related to improving the health of children in schools by improving nutrition, increasing physical activity, assessing BMI, among other activities. A number of compromises to the bill were made but the Education and Cultural Affairs Committee eventually passed a version of the bill by unanimous vote that will improve nutrition in schools.

M-HPRC staff and Steering Committee members also worked with the Coalition on Smoking or Health to develop short, medium and long-term priorities for policies related to obesity and put those into a strategic plan. A public opinion poll was conducted and showed that Maine people support efforts by schools and governments to make changes that will make healthy choices the easy choice.

3. Weighing Action

As a result of the June 2004 Hanley Forum, the Maine Center for Public Health convened a group of interested provider organizations and began a dialogue on ways to promote healthy weight across our state. On May 6 of 2005, numerous Maine provider organizations attended a strategic discussion in Yarmouth with Dr. Bill Dietz from the Centers for Disease Control & Prevention in Atlanta. The goal was to identify a core set of cross cutting activities that could be undertaken by Maine provider organizations to address obesity. A sub-group of attendees created a “Weighing Action” workgroup that developed a packet of tools and statement of organizational commitment to help promote healthy weight across Maine. Recognizing the obesity problem as complex and multifaceted, Weighing Action participants agreed that provider organizations in Maine need to work together to more effectively deliver consistent messaging and encourage the adoption of protocols and tools to address overweight. A statewide kickoff to spread this approach to healthcare providers across the state was held on Friday, March 10 2006 and showcased Maine providers who formally declared their commitment to support healthy weight.

4. MHPRC Workshop

On Tuesday November 29, 2005, the Maine Harvard Prevention Research Center held *Youth Overweight—Exploring the role of schools in BMI screening*. Guest presenters at this years exciting fifth annual workshop came from two states (Arkansas & Pennsylvania) that are leading the nation around the issue of growth screening in schools. The Commission to Study Public Health recommended that Maine monitor the health of children through BMI assessments conducted confidentially and sensitively by trained school personnel. Goals for the workshop were to learn about the benefits, barriers and strategies that other states experienced in their efforts. As with previous years, the workshop was very well received with over 120 school nurses, school health coordinators, physicians, and other school staff attending.



5. Take Time! Physical Activity Initiative

In the 2004-2005 school year, approximately 14 schools participated in the Take Time program, which requires schools to commit to at least 10 minutes of physical activity, every day for every student. This project is a collaboration between the USM Muskie School/Maine Nutrition Network and the Maine-Harvard Prevention Research Center with valuable partners including HMP school health coordinators, the Department of Education and the Maine CDC. Evaluations were received in the summer of 2005 from 75 teachers, 11 administrators and 274 students. More than 70 percent of teachers said that they saw some positive benefits in students as a result of participating in physical activity. The most commonly reported benefits were decrease stress among students and greater ability of students to focus. Most teachers and administrators supported a policy to require daily physical activity and a school district in Calais passed a Take Time policy for all schools.

6. Move and Improve Article

We developed a manuscript describing our evaluation work with the Move and Improve Program, based in Bangor, entitled *Move and Improve: A Worksite Wellness Program in Maine*. The manuscript was accepted for publication in Preventing Chronic Disease; an online journal published by the CDC and should be published in July, 2006.

In the article, we described the evaluation process and outcomes of Move and Improve (M&I), a worksite wellness program in Maine. The evaluation process was based on CDC's Framework for Program Evaluation in Public Health and Community Based Participatory Research (CBPR) principles.

7. Maine Obesity Primary Prevention Project

The Maine Obesity Primary Prevention Project (MOPPP) evaluation report was finalized and disseminated in December of 2005. MOPPP was developed by the Yale Prevention Research Center and was designed to provide tools for the primary prevention of obesity; present a concise guide to promote healthy lifestyles; instruct primary care providers to counsel patients; and provide a list of community and national resources for providers. Four primary care practices participated in the pilot program.

The MOPPP was apparently successful in changing providers' practice and patients' perception of messages coming from their providers. Patients also apparently made changes based on what they heard from their providers in terms of physical activity and nutrition improvements. This is especially encouraging given the inconsistent implementation of the intervention by providers and the limitations inherent in the nature of a pilot project such as MOPPP.

8. Head Start Initiative

The Maine-Harvard Prevention Research Center is working on a project in collaboration with the York County Head Start and the Healthy Coastal Communities Coalition on a project to improve physical activity and nutrition among HeadStart staff, children and families. The initiative that began in late fall of 2005 will include surveys of staff and parents, classroom observations, focus groups with parents and surveys with home visiting staff. The final report and recommendations will be completed in the summer of 2006.

Goal 4: The Maine Center for Public Health will contribute to the enhancement of public health *evaluation* in Maine.

Public Health Evaluation

Maine Comprehensive Cancer Control Program

The Maine Center for Disease Control and Prevention contracted with the Maine Center for Public Health to evaluate the statewide Comprehensive Cancer Control (CCC) Initiative of its cancer control program. The Maine Comprehensive Cancer Control Program (MCCP) is a state-run program funded by the Centers for Disease Control and Prevention. The program provides leadership for, and coordination of, Maine's statewide comprehensive cancer control efforts and is guided by the goals and objectives delineated in the 2001-2005 Maine Cancer Plan. The long-

term goal of the program is to reduce the burden of cancer in Maine through the coordinated efforts of the Maine Cancer Consortium.

Key highlights of the MCCP evaluation during 2005 include:

- MCPH staff along with ME-CDC partners presented its evaluation efforts at the annual American Evaluation Association Meeting held in Atlanta in November 2005.
- Development of an evaluation plan for a statewide social marketing campaign focusing on colon cancer. This plan was used to help determine the effectiveness of a media campaign developed by Burgess Advertising, Inc., and funded by the Maine Comprehensive Cancer Control Program.
- Completion of the *Partnership Self-Assessment Survey* measuring the effectiveness of the Maine Cancer Consortium. The MCCP is currently the only New England cancer program to assess the effectiveness of its partnership.
- Completion of the 2005 Final Report and two reports detailing program-sponsored initiatives relating to the prevention of skin cancer.
- Survey development for the final stages of the evaluation to be completed by summer 2006.

Evaluation Capacity Building

The Maine Center for Disease Control and Prevention (ME-CDC), contracted with the Maine Center for Public Health to support program specific evaluation, general capacity building and technical assistance for ME-CDC Staff. The programs involved in this contract include the: 1) Asthma Prevention and Control Program; 2) Community Health Promotion Program; 3) Oral Health Program; 3) Division of Family Health; Maternal and Childhood Health Program; 4) Children with Special Needs Program; and 5) Genetics Program. In addition, as part of the contract MCPH supports and organizes a quarterly Evaluation Workgroup meeting designed to allow individuals from the ME-CDC and other organization a place to discuss evaluation issues and share resources.

Key highlights of Evaluation Capacity Building Contract during 2005 include:

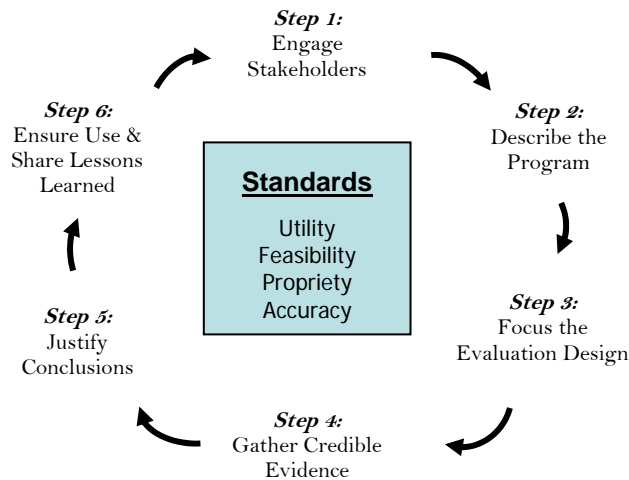
- The MCPH along with the Evaluation Workgroup organized a very successful evaluation conference on July 22, 2005 entitled “Navigating Health Futures: Innovations in Planning/Evaluating System Change Ventures” that was attended by more than 60 participants.
- Creation of logic models finalized and distributed to Newborn Hearing Screening Program, Division of Family Health, and began process for Children with Special Needs.
- Development and implementation of Evaluation Plan for the Asthma Prevention and Control Program. Process evaluation report for the program completed.

Healthy Maine Partnership Evaluation

Last summer the Maine Center for Public Health was awarded its largest contract ever from the State of Maine. This five-year contract started in August 2005 with the Maine Center for Public Health and Hart Consulting teaming-up to evaluate the Maine Center for Disease Control and Prevention's Healthy Maine Partnership Initiative. Other key research partners include Market Decisions, the Harvard School of Public Health, and the Maine Health Information Center.

This statewide initiative coordinates the development, implementation, and evaluation of efforts specific to the Physical Activity and Nutrition Program (PANP), Partnership for a Tobacco-Free Maine (PTM), the Maine Cardiovascular Health Program (MCVHP), the Coordinated School Health Program (CSHP), and the Community Health Program (CHP). These programs collaborate with 31 Local Partnerships and their partner School Health Coordinators that are funded to provide local prevention and education interventions.

The *Framework for Program Evaluation in Public Health*¹ (see below) guides the development and implementation of the current evaluation. Between August and December, 2005, the evaluation team worked to engage stakeholders and describe the Healthy Maine Partnership (Steps 1 & 2). In 2006, the project will actively pursue steps 4 through 6. And throughout the tenure of the project, this process will repeat for each program, ideally providing the State of Maine with effective guidance as to the design, integration, and effectiveness of their programs.



Evaluating Public Health Systems

Portland Public Health System Assessment

The Maine Center for Public Health completed an assessment of Portland's public health system using the National Public Health Performance Standards Local Assessment tool. The purpose of the assessment is to improve public health practice by identifying potential areas for improvement.

¹ (MMWR, 48(RR11); 1-40, September 17, 1999)

The assessment utilizes the 10 Essential Public Health Services framework and 78-page instrument developed by the CDC and other national partners. The systems-based assessment involved a series of six meetings and included approximately 40 stakeholders representing various public health partners. Results of the assessment were presented in April 2005 and the City of Portland's Public Health Division began to prioritize the recommendations and develop plans for systems-based improvement. The effort was funded by the Maine CDC's Office of Public Health Emergency Preparedness.

Goal 5: The Maine Center for Public Health will strengthen its financial position in pursuit of *fiscal sustainability*.

Fund Raising

In the fall of 2005, the Maine Center for Public Health began implementation of the Sustainability Plan approved by the Board earlier in the year. The Board of Directors initiated an organizational solicitation program with a challenge grant from the Bingham Foundation. More than \$50,000 was raised through the generous support of the organizations listed below. Thank you all.

President's Club - \$10,000

Eastern Maine Medical Center
MaineHealth

Benefactor - \$5,000

MaineGeneral Health

Sustainer - \$2,500

Anthem Blue Cross and Blue Shield of
Maine
Cary Medical Center
Franklin Community Health Network

Patron - \$1,000

American Diabetes Association

Patron (cont'd)

Harvard Pilgrim Health Care
Maine Association of Health Plans
Maine Hospital Association
Maine Medical Association
Mercy Hospital
Millinocket Regional Hospital
Sebasticook Valley Hospital
St. Joseph Hospital
University of New England
University of Southern Maine
York Hospital

Other - <\$1,000

Acadia Hospital

Staff Transitions

Marco Andrade, MA Research Associate

Marco Andrade currently serves as the lead evaluator for the Partnership for a Tobacco-Free Maine (PTM) at the Maine Center for Disease Control and Prevention. His responsibilities include gathering and utilizing stakeholder input in developing a comprehensive evaluation plan for one of the nation's leading comprehensive tobacco control programs. He works closely with PTM staff to develop logic models; goals, objectives, and indicators; a data collection and

management system; and reporting and utilization procedures. Previously, Marco served as a project officer for the Division of Behavioral Health at the Rhode Island Department of Mental Health, Retardation and Hospitals. One of his major projects was to facilitate the development of a State plan for an integrated co-occurring disorders system of care with guidance and review by the Co-occurring Center for Excellence at the Substance Abuse and Mental Health Services Administration. He also spent over ten years as a member of the Community Research and Services Team (CRST) in the Department of Psychology at the University of Rhode Island where he received his B.A. and M.A. in Clinical Psychology with a specific focus in the discipline of Community Psychology and community-based health promotion. In his capacity as a member of the CRST, as well as in his own independent consulting practice, he conducted various evaluation research projects that included both program-level and state-level evaluation. He also provided technical assistance and training, program development and grant writing assistance to community-based organizations.

Amy Black, PhD
Research Associate

Amy joined the Center as a Research Associate and Evaluation Specialist. She earned her BA, Masters of Arts in psychology and will receive her doctorate in Behavioral Science in May from the University of Rhode Island. Before moving to Maine, Amy worked for the Community Research and Services Team in Rhode Island where she evaluated a three-year comprehensive tobacco control program designed to prevent tobacco use among disparate youth populations. Her research experience ranges from working as an evaluation consultant on various community-based initiatives to examining psychological variables of HIV-risk among African-American women and men. Before pursuing her doctorate, Amy worked as a community organizer for a non-profit coalition focusing on universal health care and civil rights.

 **Staff**

Marco Andrade, MA, Evaluation Specialist
Amy Black, PhD, MA, Evaluation Specialist
Ann Conway, PhD, MA, MCPH AHEC Director, Maine Turning Point Project Director
Kim Dube, Director of Administration
Dani Kalian, Meeting Coordinator
Karen O'Rourke, MPH, Vice President, Operations
Joan Orr, CHES, Project Director
Michele Polacsek, PhD, MHS, Maine-Harvard Prevention Research Center Scientific Director
Meredith Tipton, PhD, MPH, President and CEO (interim)
Viki Wills, Emergency Preparedness Training Coordinator

 **MCPH Fellow**

Hugh Tilson, MD, DrPH, Clinical Professor of Public Health Leadership, Adjunct Professor of Epidemiology and Health Policy, UNC School of Public Health

Board Members

Leah Binder, MA, MGA, Franklin Community Health Network – Chair
 Ronald D. Deprez, PhD, MPH, The Center for Health Policy, Planning and Research, UNE
 Robert Holmberg, MD, MPH, Eastern Maine Healthcare – Vice Chair
 Joanne E.A. Joy, MA, Healthy Communities of the Capital Area
 Anne B. Keith, RN, DrPH, C-PNP, University of Southern Maine
 John A. LaCasse, Eng.ScD, Medical Care Development
 Lisa Letourneau, MD, MPH, MaineHealth (Representing MMA/MOA)
 Kevin Lewis, Maine Primary Care Association
 Robert McAfee, MD, Dirigo Health Board
 Stephen Michaud, Maine Hospital Association
 Edward Miller, MS, American Lung Association
 Dora Anne Mills, MD, MPH, Maine CDC
 Katherine Pelletreau, MPH, Maine Association of Health Plans
 Emily Rines, MPH, CHES, Coastal Healthy Communities Coalition, University Health Care
 Stephen D. Sears, MD, MPH, MaineGeneral Medical Center – Secretary
 Julianne Sullivan, MPH, MBA, Portland Public Health Division, City of Portland
 Shawn Yardley, MS, City of Bangor Health & Welfare

Financial Summary

Statement of Financial Position

ASSETS	2005	2004
Current Assets		
Cash and cash equivalents	\$685,588	\$476,465
Accounts receivable		4,753
Grants receivable	67,765	14,931
Pledges receivable	20,000	
Prepaid expenses	<u>7,622</u>	<u>2,162</u>
Total Current Assets	\$780,975	\$498,311
Property and Equipment		
Furniture and equipment	\$51,041	\$51,041
Accumulated depreciation	<u>(37,437)</u>	<u>(29,798)</u>
	13,604	21,243
Total Assets	\$794,579	\$519,554
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued expenses	\$25,918	\$43,693
Due to State of Maine DHHS	148,133	56
Deferred revenue	<u>453,916</u>	<u>361,669</u>
Total Liabilities	\$627,967	\$405,418
Net Assets		
Unrestricted	166,612	114,136
Total Liabilities and Net Assets	\$794,579	\$519,554

Statement of Activities

Support and Revenue - Unrestricted	2005	2004
Grants and contracts		
State of Maine	\$671,333	\$525,254
Other	410,816	290,917
Contributions	45,555	5,805
Other	<u>29,093</u>	<u>23,564</u>
Total Support and Revenue	\$1,156,797	\$845,540
Expenses - Unrestricted		
Salaries and employee benefits	\$562,556	\$494,346
Subcontracts	168,183	52,935
Professional fees and consultants	142,792	95,176
Meetings	71,435	54,943
Equipment and supplies	27,736	28,851
Travel	27,674	20,790
Training	27,505	9,054
Printing and postage	20,041	15,486
Rent	17,880	17,525
Utilities and maintenance	11,382	7,805
Telephone	9,949	12,946
Depreciation	7,639	8,333
Promotional materials and advertising	4,946	4,526
Insurance	2,718	2,499
Miscellaneous	<u>1,885</u>	<u>792</u>
Total Expenses	\$1,104,321	\$826,007
Change in Unrestricted Net Assets	\$52,476	\$19,533
Net Assets, Beginning of Year	\$114,136	\$94,603
Net Assets, End of Year	\$166,612	\$114,136



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