

Introduction

Background on the Maine Women's Health Campaign

The Maine Women's Health Campaign (MWHC) was launched in 1996 by several partners committed to enhancing the health of Maine women and girls, including the First Lady, Mary Herman, the Women's Health Equity Campaign, the Department of Human Services/Bureau of Health, the Department of Mental Health, Mental Retardation, and Substance Abuse Services, and public health and women's advocates.

Since that time, the Campaign has undertaken a number of activities that were recommended by participants at the Women's Health Summit sponsored by the MWHC in 1999. The Girls' Health Summit, in fact, is one of those activities.

The Maine Women's Health Campaign envisions a future where all Maine women and girls will live healthy and safe lives, supported by their communities, and quality services and systems. The Campaign's unique mission is to encourage and support an environment that enhances Maine women and girls' health by:

- Creating and supporting policies at the local, statewide and institutional levels that will improve access to and availability of comprehensive services;
- Engaging, informing and networking individuals and agencies invested in improving Maine women's and girls' health;
- Expanding and supporting existing programs;
- Fostering and sustaining innovative partnerships and inter-organizational collaboration;
- Promoting innovations and best practices in data collection and analysis, program planning, service delivery and evaluation; and
- Advancing a multi-disciplinary vision of women's health across the lifespan.

Why Girls' Health?

Adolescence is a time when many health habits are formed and is therefore a critical time for public health professionals and others working with girls to assist girls and young women to make choices that provide the greatest chances for achieving and maintaining optimal health. While adolescent boys face some of the same issues and challenges that confront girls, girls' health problems are often manifested in different ways. Girls are less likely to act out with violence than boys are, but more often experience depression, eating disorders, and sexual violence. Even though the positive health effects are well documented, girls participate less in physical activity and organized sports than do boys, and fewer resources are extended to support girls in sports. Current research has also found that during adolescence, girls are more likely to suffer a decrease in self-confidence, with social forces contributing to a decrease in girls' positive feelings about themselves. Adults often treat girls and boys differently and frequently this treatment results in fewer opportunities available for girls to develop and express a strong, independent sense of self.

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A variety of factors influence adolescents' health. Household income, family structure, and racial and cultural identifications all affect attitudes, beliefs and behaviors related to health. Adolescence is a time of tremendous growth and experimentation, involving factors that are not always under an adolescent girl's control. Experiences such as sexual assault and unsafe sexual behaviors can put girls at risk for immediate and long-term health and emotional consequences. Poor nutrition and physical inactivity can threaten girls' healthy development and cause health problems later in life. Tobacco, alcohol and illicit drug use can occur as part of adolescent risk-taking behaviors, be used to alleviate the pain from untreated mental illness or trauma, and be combined with other behaviors, such as driving under the influence, to pose immediate threats to safety. (A thorough data review of the status of girls' health in Maine was published May, 2001. It is available from the Maine Women's Health Campaign.)

Girls' health is closely affected by their struggles to maintain a strong sense of self in the face of oppressive social influences. Current research warns us that "overall girls, more than boys, face a decrease in self-confidence and positive feelings about themselves as they go through adolescence." This work also highlights how a narrow focus on girls' psychology and self-esteem "outside the context of analyses of broader social issues, can obscure girls' strengths, overlook important cultural variations, deflect attention away from institutionalized inequities and contribute to a deficit model of girls' capabilities."¹

Development of the Plan

Girls' Health: An Action Plan for Maine summarizes the results of the work accomplished at the first ever Maine Girls' Health Summit held on June 1, 2001 at the Samoset Resort in Rockland. The Summit was sponsored by the Department of Human Services' Bureau of Health, Medical Care Development/Maine Women's Health Campaign and Mainely Girls. Over 100 experts in girls' development, health services, women's advocacy, social policy, service delivery, schools and community organizing attended the Summit to explore the issues that Maine girls are confronting and to craft strategies to ensure that they attain optimal health and well-being. Two companion documents, Girls' Health: A Maine Profile and Talking with Girls: Some Maine Girls' Perspectives on Adolescent Girls' Health Issues were distributed to all Summit participants in order to provide an overview of the major demographic, social, economic and health indicators for Maine girls.

¹ Phillips, L., The Girls Report: What We Know and Need to Know About Growing up Female, National Council for Research on Women, 1998, p.8.

Summit Planning and Process

The planning process for the Summit involved professionals and girls with expertise in a wide range of issue areas. Initially, their discussion focused on which issue areas (e.g., tobacco use, eating disorders, suicide, etc.) were the most important to address at the Summit. It quickly became clear, however, that the action plan envisioned by the planning committee would be far more effective if participants could focus on the “big picture”. Specific issue areas don’t exist in isolation but rather act together to affect girls’ health. Separating girls’ health from the context in which girls live their lives has both immediate and long term consequences for their development.

The Summit planners believed part of the problem facing girls is that women may keep silent about topics that are difficult to discuss and, often, controversial. They often aren’t willing, or perhaps feel powerless, to create an environment in which girls can flourish. This unwillingness, or powerlessness, extends to health care providers and others working with girls who feel themselves constrained by the system. Girls are often left feeling alone and without safe spaces to explore who they are and what’s happening to them. As a result many girls are engaging in self-destructive behaviors.

Recognizing that it is the toxic environment in which girls are raised that negatively affects girls’ healthy development, the planners crafted the Summit **goal** below.

Summit participants will create strategies to help themselves and others:

- Learn about the unique health and development needs of girls;
- Become aware of their role in creating an environment to support girls’ healthy development;
- Gain access to resources specific to girls’ health; and,
- Build relationships which will support providers to be intentional role models.

The Summit planners developed critical areas in which the development of objectives and action activities could begin to induce the environmental changes needed for girls to thrive. Using this framework, facilitators guided participants in small groups through the development and prioritization of objectives and activities.

Theoretical Framework

To prepare Summit participants to craft the action plan, Lyn Mikel Brown, Ed.D., author of two books on adolescent girls’ development and Associate Professor of Education, Human Development and Women’s Studies at Colby College, provided participants with an overview of girls’ needs and women’s roles in creating hardiness zones. Her definition of a hardiness zone flows from the understanding that fertile soil is needed in order for plants to flourish and so it is with girls. A hardiness zone for girls is a place where girls can have control of their world. It’s one that provides women and girls healthier lives with less violence and alienation and more support for who they are and who they want to be.

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In creating hardiness zones for girls, we need to remember that just as plants grow differently in different parts of Maine, so Maine girls need different nutrients depending on whether they live in rural or urban communities, are economically secure or homeless, live in Aroostook or York, are native or immigrants, are white or of color. “Hardiness zones remind us there is no typical girl, not even a typical white girl” so the strategies we create require us to move away from focusing only on self-esteem building or addressing depression, smoking or eating disorders—symptoms of individual stress and distress—and “to consider the social and political landscape in which a girl comes of age”.²

The MWHC, therefore, offers this plan as a starting point for supporters and organizers to begin the work of creating hardiness zones in Maine, for without changing the environment in which girls grow to womanhood, no matter what strategies we put in place to deal with individual behaviors and risk factors, the overall prognosis for girls’ health is not good. “Here in Maine, we have a short growing season...our soil is rocky, our land rugged, and as a result we have had to become amazingly creative in sharing gardening secrets and developing hardy plants...like our mothers before us we are the tenders of flowers. Creating relational hardiness zones in our communities and state is about preparing a garden for all variety of girls so they can bloom profusely.”³

This new understanding raises important questions about how girls are faring today in Maine and how we can best support their healthy, productive development—both physical and mental. For that reason, the MWHC hosted the Summit to develop strategies to assist parents, communities and providers in creating that support. We hope that readers of this plan will take the ideas Summit attendees have developed and expand on them to create activities specific to their own communities. We’ve listed some of the specific activities discussed at the summit under each goal to help get the creative juices flowing but the activities are endless. The important point to take away from this plan is that by working together, exchanging ideas and information, speaking out, connecting with and supporting girls as they develop we can change the environment in which they grow.

Implementation of the Action Plan

Girls’ Health: An Action Plan for Maine is intended to serve as a framework for a comprehensive statewide approach to improving Maine girls’ health. We envision that the goals, objectives and activities contained herein will set a collective direction and provide a focus for public and private efforts. As a framework, we expect this plan will need to be updated and revised as the work progresses.

² Brown, Lyn Mikel, Cultivating Hardiness Zones for Adolescent Girls, Keynote: Girls’ Health Summit, June 1, 2001, p. 2

³ Ibid. p.13

Just as the framework for girls' health and healthy development involves a multidisciplinary perspective inclusive of physical, mental, social, economic and political influences, so implementation of the action plan will require broad-based commitment from a range of state and local entities. The Maine Women's Health Campaign will continue to pursue the resources required to ensure that a coordinating body, dedicated to enhancing the health of Maine women and girls, will exist to facilitate the implementation process.

In implementing any pieces of the plan that focus on the provision of services, the MWHC urges all providers to develop services that adhere to the Society of Adolescent Medicine's criteria to improve access to healthcare for all adolescents. The criteria describe services that are:

- Affordable: insurance programs must cover preventive and acute services.
- Available: including age-appropriate services and specialized training.
- Confidential: although adolescents should be encouraged to involve their parents in care, confidentiality must be assured.
- Visible: services must be identifiable resources and convenient.
- Coordinated: comprehensive services that address physical and psychosocial health must be ensured.
- Flexible: services must be delivered in an age-appropriate and culturally competent manner.
- High quality: basic standards must be met for all youth, and youth must be satisfied with the care they receive.

Key Stakeholders in Maine Girls' Health

The following organizations represented at the Summit, along with others, will play a critical role in the implementation of the Girls' Health Action Plan:

A Company of Girls
ADD VERB Productions
Adult Mental Health Services, Department of Behavioral and Developmental Services
American Cancer Society, Northern New England Division
Augusta School Department
Center for Community Inclusion, University of Maine
Children's Health Collaborative
Children's Hospital, Boston
City of Portland Public Health
Coastal AIDS Network
Colby College Women's Studies Dept.
Colby College Health Center
College of Ed. & Human Development, University of Maine
Communities for Children
Consumers for Affordable Health Care
Coordinated School Health Program, Bureau of Health and Dept. of Education
Dayspring
Department of Education , HIV/AIDS Division of Community Health, Bureau of Health
Division of Family Health , Bureau of Health
Division of Disease and Control, Bureau of Health
Downeast Health Services
Family Planning Association of Maine
Family Violence Project
Glenburn School
Hardy Girls - Healthy Women
Health 1st
Healthcare for the Homeless
Healthy Island Project
Juvenile Community Corrections
Kennebec Family Planning
KVCAP Family Planning
Kieve Science Camp for Girls
Leavitt Area High School
Maine Ambulatory Care Coalition
Maine Cardiovascular Health Council
Maine Center for Educational Services
Maine Center for Public Health
Maine Chapter, American Academy of Pediatrics
Maine Council on Adolescent Health
Maine Dartmouth Family Practice Residency
MaineGeneral Health Associates
Maine Medical Center
Maine Women's Fund
Maine Women's Health Campaign
Maine Youth Center
Mainely Girls
Medical Care Development
Mercy Hospital
Mountain Valley Middle School
Muskie School of Public Service
New Beginnings
Nobel High School
Northeast Health
Nutrition Network, Muskie Institute
Office of Substance Abuse, Department of Behavioral and Developmental Services
Office of Trauma Services, Department of Behavioral and Developmental Services
Outright
PenBay Women's Mental Health Dept.
Penobscot Nation, DHS
Pentagoet
Planned Parenthood of Northern New England
Portland Public Health Department
PROP Youth Resiliency Project
PTM Network Initiative
Rape Crisis Assistance & Prevention
Schools Need Parents
Sexual Assault Crisis Center
Spring Harbor Counseling
Sweetser
The Bingham Program
University of Maine
US Department Health and Human Services
USM Women's Studies
Wabanaki Mental Health Association
Women's Resource Center , University of ME
York County Extension
Youth Alternatives
YWCA LEAP Program

Girls' Health: An Action Plan for Maine

Guiding Principles

During the development of the major goals and objectives that constitute the plan, several themes emerged that cut across all of the content areas. These cross-cutting themes, some of which can also be translated into activities, are summarized in the following principles:

- **Engage, listen to and involve Maine girls in all planning, implementation and evaluation of activities.**

In order to effectively implement interventions, craft policies and increase our understanding of the needs and strengths of Maine girls, we must commit to including girls in all phases of activity. Public and private institutions, ranging from local organizations to the State legislature are encouraged to find ways to ensure that the voices, perspectives and opinions of girls are sought out and included in all activities that will ultimately affect their lives.

- **Ensure that activities appropriately reach and include the diversity of Maine girls.**

Maine girls are not a homogenous group; their experiences and perceptions differ widely depending on a variety of factors including their race and ethnicity, socioeconomic status, geographic residence, sexual identity, age, ability or disability and their connection or disconnection to schools, criminal justice facilities, shelters, foster care and group living situations. It is critically important to ensure that less visible populations of girls are included in efforts to improve Maine girls' health and that activities are accessible physically, culturally and philosophically.

- **Acknowledge and value the experience of females of all ages.**

Summit participants understood the profound effects of bringing girls and women together in a variety of forums. Girls need strong, honest female role models who can inspire and guide them through the often challenging events of adolescence. Women also need open and productive dialogue with girls to hear the truth about their experiences and perceptions, and to understand the strategies they use to navigate often conflicting social expectations.

- **Base interventions on demonstrated best practices and ensure ongoing evaluation.**

Activities to improve girls' health must be based on the most current information and most promising models that are available. Throughout all phases of activity, ongoing assessment of progress and outcomes is necessary to ensure that strategies work.

Goals for Assuring Girls' Healthy Development

The goals, objectives and activities formulated at the Summit were distilled to the following **Key Result Areas:**

- **Community Development and Support**
- **Health, Academic and Social Service System Response**
- **Public Policy Development and Implementation**
- **Resource Allocation**

Key Result Area: Community Development and Support

Acknowledging the importance of the community and family, participants in this group created strategies that will improve the capacity of local communities, families and schools to support girls' healthy development and to develop interventions that will build upon and enhance the strength of girls.

In a current analysis of adolescent health, Robert Blum, MD, MPH, PhD, concludes that while many factors influence adolescents' health, some critical risk and protective factors which are rooted in community environments emerge as potent predictors of health:

- Teens who spend substantial amounts of unstructured time with friends, particularly those who engage in high risk-behaviors, are likely to be involved in high risk behaviors themselves.
- The most consistently found factor that was protective for adolescent health was the presence of a positive parent-family relationship. Regardless of family structure, close relationships with parents and family benefit young people and parents need to cultivate the skills and support to create and sustain these relationships.⁴

The Search Institute has identified community assets necessary for healthy adolescent development. The word "assets" as used in the first goal of this section refers to the Institute's research on over 1 million 6th to 12th graders in the U.S. beginning in 1989.

"Asset development" is a strength-based approach to healthy adolescent development that clearly shows the important roles that families, schools, congregations, neighborhoods, youth organizations and others in communities play in shaping young people's lives.

⁴ Blum, R.W., Beuhring, T., Rinehart, P.M. (2000), *Protecting teens: Beyond race, income and family structure*, Center for Adolescent Health, University of Minnesota p.37

Goal 1: Ensure asset development and quality education concerning the unique needs of girls for girls, their families and communities

Objective 1.1

Create opportunities in communities for girls and adults to collectively build awareness of and develop skills to ensure girls' health and healthy development.

- A. Create and pilot a school-based model that brings together school administrators, teachers, staff, parents and girls to network and develop skills to promote girls' health.
- B. Create and enforce policies to ensure that schools are physically and emotionally safe for all girls.
- C. Develop a cadre of girls' community health trainers, involving state and local agencies, offering CEU course to encourage participation.
- D. Engage girls in leadership roles, including legislative and advisory board positions.

Goal 2: Identify and foster community interventions for girls that promote and support individual and community action

Objective 2.1

Create and replicate opportunities for girls to describe their perceptions and ambitions, to identify successful strategies, barriers and structures that promote trust and safety and to explore life options.

Activities

- A. Hold community or regional forums (i.e. round tables, focus groups, conversations, mini summits) using existing groups, individuals and organizations that are interested in girls.
- B. Create education and training opportunities for community members that advance strong, respectful relationships with girls.
- C. Create and nurture school-based and community forums for girls to network with other girls and develop health promotion skills, including critical thinking, problem solving, policy development, group facilitation and supportive listening.
- D. Identify existing groups, people and organizations that are interested in girls' healthy development and focus strategies on girls who appear to make unhealthy choices and are disengaged from systems (e.g. school).

Key Result Area: Health, Academic and Social Service System Response

Access to needed services and resources, including health care, educational opportunities, and social, athletic and cultural pursuits is critical in order to ensure that Maine girls develop to their fullest potential. Maine girls have less access than boys to some resources. For example, fewer girls participate in regular exercise and organized sports than do boys, and despite the 1972 passage of Title IX which required that schools equitably offer athletic opportunities regardless of gender, many communities do not provide equitable physical facilities, financial resources and leadership. Additionally, while overall girls are catching up to boys in mathematics, they still lag behind in their achievements in science and technology.² Subpopulations of girls, including those living in rural areas, those living in poverty, those from ethnic and cultural minorities, those with varying sexual identities and those living with disabilities have inadequate access to resources and services that are sensitive and appropriate.

In health care, girls face structural barriers to access, including the complex, adult-orientated patchwork service delivery and financing systems, and the lack of appropriately trained health care providers who are sensitive to adolescent and gender issues. Overwhelmingly, confidentiality concerns are cited as a barrier for girls who need health care services.

It's critical for educators to be aware of the connection between academic achievement and health. According to Blum, "Being at academic risk is associated with nearly every health risk behavior studied...Health and education are closely intertwined and...school failure needs to be viewed as a health as well as an education crisis."³ In education and social services educators and service providers lack specialized training on the differences in risks and developmental issues between girls and boys. Social norms may preclude adults from recognizing their different treatment of girls, and the subsequent effects of these influences on girls' ongoing development. Educators and service providers may be unaware of girls' risk for sexual and domestic trauma, and the effects of these events on mental and physical health.

Goal 1: Ensure that all Maine girls have access to the resources and services they need for healthy development

Objective 1.1:

Design high quality, comprehensive health, academic and social service systems that are appropriate and accessible for Maine girls.

² Girls' Health: A Maine Profile 2001

³ Blum, R.W. p. 37

Activities

- A. Recruit and train adolescent specialists who are sensitive to gender issues to state and local organizations.
- B. Identify and implement guidelines that ensure all girls receive quality, comprehensive services in accordance with accepted standards.
- C. Work to see that all Maine girls are adequately insured and receive health and preventive services according to established standards.
- D. Provide equitable resource allocation for girl-focused services and opportunities.

Goal 2: Ensure quality education and training for educators, health and other service providers around the unique needs of girls

Objective 2.1:

Develop and offer education and in-service training for professionals who work with girls.

Activities

- A. Utilize existing opportunities such as professional conferences, continuing education opportunities and public health contracts and programs to provide workshop sessions around girls' healthy development.
- B. Create professional CEU programs on girls' health and development, incorporating evidence-based science on adolescent health and gender, and integrating best practices in girls' health.

Objective 2.2:

Use technology to disseminate information, share resources, networking and encourage skill development.

Activities

- A. Use electronic forums to link professionals for networking and supporting their focus on girls' health.
- B. Use distance learning technology such as interactive television systems to provide educational opportunities to rural areas and to link Maine with national efforts.
- C. Develop a lending library accessible electronically; link in to university systems to provide comprehensive resource exchange.

Objective 2.3:

Develop and implement undergraduate and graduate courses on girls' issues in relevant disciplines – i.e., social work, education, human development, nursing, mental health, medicine, criminal justice, etc.

Activities

- A. Meet with State professional boards (e.g., Board of Nursing) to promote the inclusion of classes/courses on girls' health issues into mandatory licensing/certification requirements.
- B. Identify interested faculty and encourage them to offer courses on girls' issues that are relevant to their disciplines.
- C. Bring professors currently teaching relevant courses together to share resources, ideas and to connect with those who are interested in teaching courses.
- D. Let community women know courses exists and are available.

Key Result Area: Public Policy Development and Implementation

Good public policy is based on sound research. At the present time, there is little research addressing adolescent gender differences and even less data addressing issues faced by marginalized communities of girls—those who are homeless, disabled, rural or of an ethnic background other than the majority culture. What research there is often does not take into account social and cultural contexts and girls’ voices are absent in discussions of policies that affect their lives.

Public and private sector policies have profound effects on women’s and girls’ health and their access to appropriate, comprehensive services. Summit participants called for improvements in data collection and policies on the national, state and local levels, including those created at town meetings and by planning boards, school boards, churches, businesses, and state and federal governments. In order to ensure that appropriate policies are implemented, policies must be analyzed according to principles that support girls’ healthy development, model approaches must be identified, and good policies must be enforced. Summit participants called for action across legislative, judicial and administrative sectors to ensure that a comprehensive approach is launched.

Girls’ involvement in analyzing and crafting policies is particularly important when the policy decisions will facilitate or prohibit their own access to the information, resources and services they require for healthy development. Because the voting age is 18, many young women will be unable to voice their approval or disapproval of public policy at the ballot box. Therefore, efforts must ensure that their perceptions and ideas are gathered on the front end during policy development and that their ideas communicated to policy makers.

Summit participants acknowledged that including youth in policy development is frequently challenging to both the adults and youth involved in the process, yet promising models exist locally and nationally. Including girls’ voices ensures that the girls of today become tomorrow’s empowered, active leaders.

Goal 1: Ensure that appropriate data is collected and analyzed to inform and evaluate policy and programs for girls

Objective 1.1
Identify current girl-centered multidisciplinary methodological tools and evaluative procedures.

Activities

- A. Develop a collaborative public and private statewide Adolescent Health Data Group to craft a vision and plan for data collection, analysis and dissemination of results.

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- B. Inventory existing data sources, both qualitative and quantitative; identify gaps and duplication.
 - C. Evaluate existing methodologies and tools for gender bias and appropriateness for all girls' needs to be heard. Find or develop gender-relevant validation techniques for popular survey instruments.
 - D. Advocate for the addition of questions on local and national instruments that will improve the quality and quantity of information gathered on all girls.

Objective 1.2:

Utilize multidisciplinary methods to assess girls' health and well-being, and social and physical environments.

Activities

- A. Collect data on girls' environments (communities, socio-economic, political, families) working to coordinate with CSHP and school nurses.
- B. Develop indigenous and culturally competent data developers, collectors and users; provide support to those who will be engaging in collecting and analyzing data to assure best practices.

Objective 1.3

Develop an analytical framework that addresses gender, class, race, ethnicity, sexual identity, disability and environmental correlations and inter-relationships, which includes both primary and secondary data sources.

Activities

- A. Access and use non-traditional data sources (including market surveys, etc.) and ensure that all youth-related data gathering (e.g. research, surveillance) is analyzed by gender, class, race, etc.
- B. Secure funding for a statistician/epidemiologist staff and software to assist in evaluation design, data collection and analysis (i.e. Youth Risk Behavior Survey correlations, data gathered by community-based organizations, etc.)

Objective 1.4:

Develop a timely process to disseminate useful information to policy-makers, communities, families and girls that allows for education and advocacy and that creates a feedback loop which includes program and resource development, evaluation and further data gathering plans.

Activities

- A. Develop talking points on the need for and issues around girls' data and educate policy-makers etc. about reasons for gender-based data collection, reports, etc.
- B. Create an electronic centralized repository of information on girls' health, research, and model practices. Link the resource broadly to communities and stakeholders in girls' health.

Goal 2: Ensure public policy that recognizes and responds to the specific needs of girls

Objective 2.1:

Support communities in identifying, quantifying and implementing policies and programs that address girls' needs and strengths.

Activities

- A. In conjunction with community groups that interact with and involve girls, conduct and periodically update assessments of communities' assets and needs pertaining to girls' health.
- B. Develop localized action plans and obtain commitment for implementation.
- C. Identify and procure funding at the state and local level to support the specific needs of girls.
- D. Develop public and private sector support to create and extend policies that contribute to girls' successful competition in rigorous academic tracks, including disciplines not traditionally promoted to girls (e.g., math, science, technology, trades).
- E. Support and enhance the role of coordinated school health as a mechanism to bring together various sectors to address the needs of girls and replicate model practices in girls' health.

Objective 2.2:

Conduct a social marketing campaign to make girls' health a political priority in policy development and implementation.

Activities

- A. Review existing policies in the local, statewide, legislative, judicial and administrative spheres for their appropriateness to all Maine girls and identify policies that support their needs.
- B. Establish a collaborative of stakeholders to procure funding and develop a campaign that will have tailored messages for individuals, families, communities, system leaders and policy makers.

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- C. Educate public policy makers, advisors and nonpartisan staff in the state and congressional offices on the needs of Maine girls and the importance of supportive public policy; identify and nurture those officials who support and advocate for girls' health; recruit women candidates to help ensure equal representation in the legislature and in system leadership.
 - D. Develop and implement "girl friendly" questionnaire and debate questions to be asked during every election cycle at the state, federal and local levels.

Objective 2.3:

Develop support systems at all levels to ensure meaningful involvement of girls in public and private policy development, implementation and evaluation.

Activities

- A. Educate girls in policy development and process. Include leadership training that allows meaningful involvement in the process and encourages access to policy makers and leaders.
- B. Integrate family and kin networks in strategies that support girls' development and empowered participation in their communities.
- C. Establish recommendations for all state and local commissions, boards and leadership groups that work with "girls' issues" for appropriate ratios of girls and young women as active members.
- D. Link with state and national women's political groups and seek support for empowering girls to participate in local, state and national policy development and civic events.

Key Result Area: Resource Allocation

As attention to girls' health increases nationally and locally, increased resources will become available to support model approaches. Stakeholders invested in improving Maine girls' health need access to coordinated information that can inform their efforts, alert them to promising models and methods and provide access to the resources required to sustain their work. Summit participants requested the creation of such a centralized, coordinating entity which would have the capacity to effectively link organizations and individuals, and disseminate critical information, policies and resources. Because the influences on girls' development span diverse fields, it is likely that resources to support efforts will come from multidisciplinary sources. A central information source would be invaluable in helping stakeholders identify and access resources to support their work. At the same time, stakeholders need to take the initiative to inform funders of the ways in which girls' health has an impact on the kinds of activities they are currently funding. Foundations often aren't aware of the interconnectedness of adolescent environment and health.

Another invaluable resource participants identified in their discussions are the people who are currently working in the field. The importance of providing opportunities to network with others appeared throughout their recommendations. People who have been working in the area of girls' health are often unaware there are others, sometimes within their own communities, working on similar issues. The need to bring people together and to keep them connected is critical for sharing knowledge and expertise and to supporting those working to bring about social changes.

Throughout the state, women and girls need, want and deserve mechanisms that will facilitate the exchange of information and ideas and provide support for ongoing action to improve girls' health. Formal and informal forums that engage intergenerational groups invested in advancing girls' health will strengthen individual and organizational investment and provide critical support to individuals involved in the work.

Goal 1: Ensure that the necessary resources to support the action plan are available and known to supporters.

Objective 1.1:

Develop a cross cutting issue in girls'/women's health around which a funding collaborative can be formed, uniting health, education, community corporate and major donor funders to create the resources needed to make a significant difference.

Activities

- A. Help health foundations recognize how they are already funding women's and girls' health so they see themselves as a group that needs to be at the table.

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- B. Develop collaborative projects with disparate funding sources, including: rural health centers, state departments, health systems, ME Council of Churches (women’s circles), civic organizations, employment/labor organizations, domestic and sexual violence, YWCAs, pediatricians’ and other health related associations, juvenile justice, universities, tobacco, economic development and alternative training organizations, housing authorities, pharmaceutical companies, Girl Scouts, sororities and Maine Lesbian/Gay Political Alliance.
 - C. Convene stakeholders in philanthropic organizations and organizations that support girls’ healthy development to explore common interests.

Objective 1.2

Capitalize on existing resources to raise awareness of girls’ health and how we can collaborate on addressing aspects of it.

Activities

- A. Approach institutional advancement offices of colleges in the state to pursue collaborative grant proposal development linked to women’s and girls’ health.
- B. Create a university-affiliated “think tank” to explore funding resources and internship arrangements for research activities.
- C. Identify potential human resources—collect data on who works with girls, what programs they provide and how their current activities could be enhanced.

Goal 2: Provide support for initiating the social change needed to support girls’ healthy development

Objective 2.1

Develop networking mechanisms to keep supporters connected and informed.

Activities

- A. Establish a statewide coalition of organizational and individual supporters of girls’ healthy development.
- B. Establish a listserv.
- C. Hold periodic conferences, summits, etc. to inform and support those in the field.
- D. Create forums to bring women and girls together to offer opportunities to develop and refine skills aimed at initiating social change.

A Final Word

The goals, objectives and activities listed here create a broad outline of the areas in which we need to work to generate the changes we know are necessary for girls to bloom and grow. We hope that the ideas generated by the Summit participants and recorded here will be a jumping off point for all groups working to develop healthy, hardy girls. We encourage those reading the plan to join with others and use their collective ideas, energy and enthusiasm to create hardiness zones wherever the soil exists!