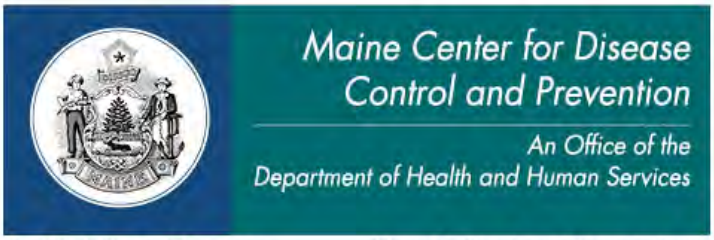

Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Maine Center for Disease Control, DHHS Health Report Card Submitted to The Joint Committee on Health and Human Services

June 2012

Legislative Mandate

The Maine CDC, in consultation with the Statewide Coordinating Council for Public Health (one part of the State Public Health Infrastructure), is mandated to produce an annual brief report card on health status statewide and for each district by June 1, based on MRS 22 Chapter 152 §413:

3. Report card on health. The Maine Center for Disease Control and Prevention, in consultation with the Statewide Coordinating Council for Public Health, shall develop, distribute and publicize an annual brief report card on health status statewide and for each district by June 1st of each year. The report card must include major diseases, evidence-based health risks and determinants that impact health.
[2009, c. 355, §5 (NEW) .]

Acknowledgements

The following District Report Card was created from the work of the eight public health district coordinating councils and the eight public health district liaisons. Sharon Leahy-Lind, the Director of the Division of Local Public Health, served as the editor of this report with support from Stacy Boucher (District Public Health Liaison-Aroostook) and Alfred May (District Public Health Liaison-DownEast). Additional technical assistance was provided by Teresa Hubley, Ph.D, MPA of the University of Southern Maine.

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I. Introduction

History of the District Public Health Improvement Plans

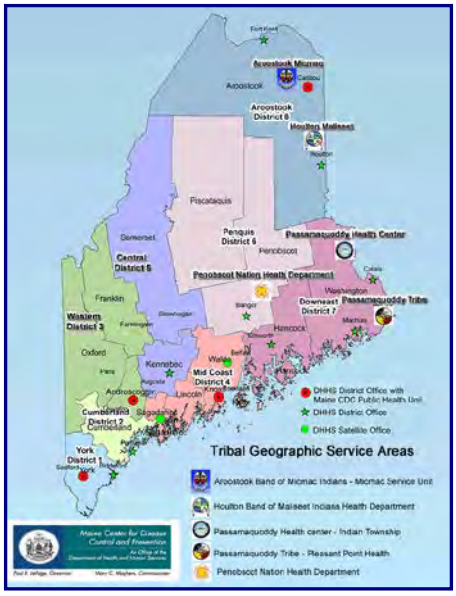
The 2008-2009 Maine State Health Plan directed the development of a Health Improvement Plan that was specific to each of Maine's newly-formed eight public health districts (also known as DHHS Districts), and a future tribal public health district. The District Public Health Improvement Plans were developed at the district and local levels, while being informed by recently-collected data that would be applicable at the district level and comparable across the State.

The genesis of the District Public Health Improvement Plan lies in the work of the Public Health Work Group, a group charged by the Maine Legislature in 2007 with streamlining administration, strengthening local capacity, and assuring a more coordinated system of public health in order to improve the health of the people of Maine. This vision was also reflected in the first biennial State Health Plan, which charged the Public Health Work Group "to implement a statewide community based infrastructure that works hand in hand with the personal health system."

Each District Public Health Improvement Plan is the result of the collective thinking and engagement of stakeholders committed to improving health across each Public Health District. This is a district-wide plan that is the sole responsibility of each district coordinating council, their collaborators, partners and consumers. The District Public Health Improvement Plan serves as the inaugural public health planning document that explores opportunities for significant public health infrastructure improvements. The plan is an organized, focused and data-driven document that invites all stakeholders to engage collaboratively in a strategic, coordinated, evidence-based approach. Health care cost savings require a myriad of stakeholders to focus on this collectively, while removing redundancies, avoiding duplication and improving communication. By strengthening both health care system and public health system performance, not only are health care costs reduced and health outcomes improved, but a functional district-wide public health system emerges and adds significant value from a population health platform. A more efficient and effective public health system becomes more accountable in its responsibility to provide the ten Essential Public Health Services to the district it serves.

The Local Districts

There are nine public health districts; eight geographical public health districts, created from the sixteen counties and one Tribal public health district, which spreads across many of the geographical public health districts.



District level public health is a new resource for the Maine public health system. It became operational in 2008 with eight defined districts, each having a District Coordinating Council and a district liaison. District liaisons, most of whom were hired in late 2009 or early 2010, are Maine CDC staff stationed in their respective districts to provide public health coordination, leadership, and communication

functions between the Maine CDC and the district public health community. Within most districts, the district liaison works with existing Maine CDC field staff, including public health nurses, regional epidemiologist, drinking water inspectors, and environmental health inspectors to establish a more collaborative working relationship in the district.

The Tribal Public Health District

The Tribal District while considered a single District is comprised of five Tribal jurisdictions each led by a public health director and supported by a tribal public health liaison. The Tribal Public Health District functions within the intergovernmental relationship between the State of Maine and the Tribes, as sovereign nations. The Tribal district liaisons are Tribal employees; however, they take part in State and district level activities when appropriate, including but not limited to sitting on district coordinating councils that correspond geographically with the four federally recognized Tribes in Maine.

As the newest District, formed in 2011, the Tribal Public Health District has not yet completed its first District Public Health Improvement Plan. The focus, until recently, has been on the completion of and developing next steps for the Waponahki Health Assessment, an assessment that was administered across the five Tribal communities in Maine. Efforts are also underway to continue the development of the Tribal Public Health Infrastructure.

The liaisons and district coordinating council, consisting of the five Tribal health directors in Maine, are currently focusing efforts on increasing membership. Initial planning has taken place on how the district will conduct a Local Public Health Systems Assessment. Once this health assessment has been completed, and with the results of the Waponahki Health Assessment, the district coordinating council will have the tools to develop its first District Public Health Improvement Plan.

Source Data

Two sets of data were used to develop the District Public Health Improvement Plans: the Local Public Health Systems Assessment and the Call to Action.

The Local Public Health Assessment was created by a national panel of public health stakeholders in order to define the characteristic elements of public health practice within the parameters of what is now described as the ten Essential Public Health Services. The national panel evolved into the National Public Health Performance Standards Program where a set of local and state public health system assessment tools were established based on nationally-consistent standards in order to:

- Help public health systems conduct a systematic collection and analysis of performance data.
- Provide a platform to improve the quality of public health practice and performance of public health systems.
- Further develop the science base for public health practice improvement.

This Local Public Health System Assessment instrument was employed in the original eight districts through three facilitated meetings per district. The results from these assessments were

then used to prioritize two or three of the ten Essential Public Health Services for each district to work on through the initial District Public Health improvement Plan.

The Call to Action is a report that describes the performance of the State and district against certain clinical and population health indicators. The process for the formation of the Call to Action came from the legislatively-appointed Advisory Council on Health Systems Development, which directed several studies to determine where the areas for greatest opportunity might exist for a coordinated approach to improving health and reducing health care costs.

The Call to Action provides a table of three types of indicators: prevention quality indicators that measure hospitalization rates for specific diseases (respiratory infections, heart failure and diabetes) that are known cost drivers (if prevention is followed, then hospitalization visits will decrease and costs will go down); population health indicators that if addressed through prevention, will show a direct reduction in the avoidable hospitalizations for the specific disease; and socioeconomic status (poverty, age, race, education, rural/urban, and insurance.)

Since primary prevention interventions are emphasized both at the population and individual levels, public health districts are now charged to assure population based primary prevention interventions across the districts to better manage the incidence of chronic disease and the underlying causes. The Call to Action is one effort to support district progress in monitoring the reductions in avoidable hospitalizations and improvements in population health indicators over time.

The District Public Health Improvement Plan Process

Although each of the eight geographic districts took its own path in developing its District Public Health Improvement Plan, there were some common elements. These districts utilized a consistent manner in conducting the Local Public Health Systems Assessment in 2009: invited a wide variety of stakeholders from various sectors in the district; had three separate meetings where stakeholders were grouped to answer questions pertinent to each of the ten essential public health services; and once the preliminary results and report were written, a meeting was held displaying the results and obtaining feedback for a final report.

The Call to Action was created by the Governor's Office of Health Policy and Finance for each district. Staff from Maine CDC and the Office of Health Policy and Finance scheduled forum in each of the eight geographic districts in the spring 2010 for presenting the process and the Call to Action Indicators.

These districts developed a review of the two data sources and a prioritization process in early 2010. In some districts, more emphasis was placed on the results of the Local Public Health Systems Assessment; in other districts, the emphasis was on the Call to Action. In both cases, all of these districts came up with priorities and strategies based on both data sources in order to create a draft District Public Health Improvement Plan by the fall 2010. By January 2011, most of the eight districts had voted on their final District Public Health Improvement Plan and had started implementing the strategies, work groups, and actions.

In the following section, the priorities for each of the eight geographic are presented, as well as the key activities undertaken in the past year and trends shown in the district level data. For more detailed information on the planning process and the contents of the plan, see the Maine CDC Division of Local Public Health website at http://www.maine.gov/dhhs/mecdc/local-public-health/ .

II. District Mid-Term Report Cards: Overview

In this section, the Report Card for each of the eight District Public Health Improvement Plans is presented and is based on how the district have been able to implement their local strategies. District liaisons, in consultation with leadership of their specific District Coordinating Council, have reviewed the work done by the district on selected priorities and strategies for the two-year (January 2011 – December 2012) District Public Health Improvement Plans and determined the status of each priority. The resulting Report Cards show the Goals and Strategies that the districts chose for their District Public Health Improvement Plan and along with a graphic progress symbol.

Keys to Symbols

Progress Symbols
Progress symbols can reflect a movement toward improving the infrastructure or the coordination of district partners in improving work around that issue.

- ↑ Movement toward improvement
- ↓ Action was taken but has hit barriers
- = District took minimal to no action on this during the time frame

Symbols of Significance
Gold Stars and Red Flags

- Significant Improvement and Success
- Needs Attention

Essential Public Health Services Focus Areas

In completing the district Local Public Health Systems Assessment in 2009, each of the eight geographic districts received a report that had a score for each of the Ten Essential Public Health Services as well as sub-categories under each of these services. Each of these district reviewed these report scores and through a prioritization process, decided to focus on up to three of these services during the two years of the development of the District Public Health Improvement Plans.

The following table displays the prioritized essential public health services per district. Progress on these priorities will be more formally evaluated when the next Local Public Health Systems Assessment is conducted. The assessment process is expected to occur on a five-year cycle, following recommended national guidelines.

	EPHS*	1	2	3	4	5	6	7	8	9	10
District											
Aroostook				√	√			√			
Central				√	√			√			
Cumberland				√	√			√			
Downeast				√				√	√	√	
Midcoast				√	√			√			
Penquis					√			√			
Western					√			√			
York		√		√				√			

*Essential Public Health Service

EPHS*		**Description**
1		Monitor health status to identify community health problems.
2		Diagnose and investigate health problems and health hazards in the community.
3		Inform, educate, and empower people about health issues.
4		Mobilize community partnerships to identify and solve health problems.
5		Develop policies and plans that support individual and community health efforts.
6		Enforce laws and regulations that protect health and ensure safety.
7		Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8		Assure a competent public health and personal health care workforce.
9		Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10		Research for new insights and innovative solutions to health problems.

Aroostook District Public Health Improvement Plan Mid-Term Report Card

District Priorities	
Health status focus areas (Call to Action):	
↑	Percent of adults who are obese
↑	Percent of high school youth that are overweight or obese
↑	Percent of adults that have not exercised in the past 30 days
=	Percent of high blood pressure among adults
=	Percent of high cholesterol among adults
↑	Percent of adults reporting fair or poor health status in the last 30 days
=	Mean physically unhealthy days/months for adults
=	Percent of adults with asthma
=	Percent of child and youth asthma
↑	Percent of adults that report smoking at least 100 cigarettes and that currently smoke
↓ ⚑	Adolescent smoking prevalence (6-12th graders)
↑	Access to primary care physician
↓	Percent of adults with routine dental visit in the past year
↑ ✵	Number of visits to KeepMEWell.org
↓ ⚑	Percent of adults with Diabetes who receive a Hemoglobin A1c test at least once yearly

Strategies	
↑	***Promoting healthy weight*** by educating district partners and community members about the most effective ways to address obesity in their lives, in their loved ones lives, and in their clients' lives, with a focus on successful activities already being conducted in the district.
↑	***Increasing utilization of tobacco prevention resources*** through enhanced smoke-free policies, exploring opportunities to maximize tobacco use prevention messages, and increasing access to treatment of tobacco addiction.
↑	***Promote use of the "211" information line and KeepMEWell website*** as a tool to help people identify their personal health risks and link users to the resources which will enable them to improve their health status.
↑	***Linking people to needed personal health services*** by conducting research about populations identified in the LPHSA, articulating specific barriers, proposing solutions.

Symbol Key

↑ = Movement toward improvement ↓ = Action was taken but has hit barriers
= = District took minimal to no action on this during the time frame
✵ = Significant Improvement and Success ⚑ = Needs Attention

Central District Public Health Improvement Plan Mid-Term Report Card

District Priorities	
Health status focus areas (Call to Action):	
↑	Link people to needed personal health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7)
↑	Mobilize community partnerships to identify and solve health problems (Essential Public Health Service 4)
↑	Inform, educate, and empower people about health issues (Essential Public Health Service 3)

Strategies	
↑	***Promote better medication management and patient engagement in their own care*** by developing and implementing a medication list and safety campaign
↑ ✵	***Set up a district-wide system to coordinate and distribute important public health information*** to provide timely, accurate, effective, well-coordinated information that will reach partners and priority populations
↑ ✵	***Conduct 1-2 Local Health Officer certification and training programs*** in 2011
↑	***Work together to support vaccination efforts*** by convening a Vaccination Workgroup to serve as a district-wide communication and mobilization network
↑	***Strengthen partnerships with groups that work with youth in the district*** by connecting to and coordinating work with the newly-formed district Youth Council
=	***Provide input for the State Health Plan and Healthy Maine 2020***

Symbol Key

↑ = Movement toward improvement ↓ = Action was taken but has hit barriers
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Cumberland District Public Health Improvement Plan Mid-Term Report Card

District Priorities	
Health status focus areas (Call to Action):	
↑ ⚑	Flu & Pneumococcal vaccination
↑	High Blood Pressure & High Cholesterol
=	Tobacco
↑ ✵	Access to care
↑	Public Health Preparedness

Strategies	
↑ ✵	***Flu & Pneumococcal Vaccination***: Support & expand school flu clinics, coordinate planning & promotion of public flu clinics to ensure access for vulnerable populations, develop a communications campaign.
↑	***Communication***: establish a Communications Plan for the council, including a process and tools for coordinating communications across district partners on priority health topics.
↑	***Create workgroups*** on the other priorities to implement the Communications Plan and replicate the most successful aspects of the Flu & Pneumococcal Vaccination Workgroup's process.

Symbol Key

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Downeast District Public Health Improvement Plan
Mid-Term Report Card

District Priorities	
Health status focus areas (Call to Action):	
↑	Cardiovascular health, which includes the areas of obesity, physical activity, and nutrition.
↑	Build awareness around prevention and management of diabetes.
=	Create or enhance local networks of information to clarify available services to health care, specifically in the areas of prevention screenings.

Strategies	
↑ ✵	***Improve knowledge base and awareness*** about health data and indicators.
↑	***Determine extent to which personal health services*** are available to and accessible by population age cohorts.
↑ ✵	***Convene health service providers*** to identify populations that they serve, gaps they see in services, ideas/strategies to remove barriers, and build potential collaborations.
↑	***Create, organize, and implement a district wide health promotion campaign*** and evaluate its success.
=	***Assure good access to health and wellness information*** for district population.
↓ ⚑	***Create effective public health communication system*** for district.
↑	***Develop resources and capacity in funding*** public health activities.
=	***Develop resources and capacity in preserving the public health / health care workforce*** in the district.

Symbol Key

↑ = Movement toward improvement ↓ = Action was taken but has hit barriers
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✵ = Significant Improvement and Success ⚑ = Needs Attention

Midcoast District Public Health Improvement Plan Mid-Term Report Card

District Priorities	
Health status focus areas (Call to Action):	
↑	Access to health care and health related resources-focus on priority populations

Strategies	
↑	***Strengthen partnerships*** with primary care.
↑ ✵	***Strengthen transportation*** services and resources.
↑	***Promote seasonal influenza vaccine***.
↑	***Disseminate information*** on accessing healthcare and health related services with a focus on reaching populations experiencing health disparate.
↑ ✵	***Convene mental health forum*** focused on exploring resources and opportunities for integration.
↓ ⚑	***Develop Midcoast DCC membership directory and communication plan***.
↓ ⚑	***Strengthen public health emergency planning and response.***
↑ ✵	***Coordinate a district wide event/campaign***.

Symbol Key

↑ = Movement toward improvement ↓ = Action was taken but has hit barriers

= = District took minimal to no action on this during the time frame

✵ = Significant Improvement and Success ⚑ = Needs Attention

Penquis District Public Health Improvement Plan Mid-Term Report Card

District Priorities	
Health status focus areas (Call to Action):	
↑	Obesity in adults and high school students
↓	Pneumococcal vaccine in people 65 and over
↑	Influenza vaccine for adults
↑ ✵	Substance abuse prevention

Strategies	
↑ ✵	***Promoting healthy weight*** by educating district partners about the most effective ways to address obesity in their patients and clients, with a focus on successful activities already being conducted in the district
↑	***Promoting influenza & pneumococcal vaccine*** for people at risk through development of a multi-faceted media and communication plan
↑ ✵	***Working together to reduce substance abuse*** by convening a planning group that will develop effective, district-wide strategies to combat substance use

Symbol Key

↑ = Movement toward improvement ↓ = Action was taken but has hit barriers

= = District took minimal to no action on this during the time frame

✵ = Significant Improvement and Success ⚑ = Needs Attention

Western District Public Health Improvement Plan Mid-Term Report Card

District Priorities	
Health status focus areas (Call to Action):	
↑	Influenza vaccine for adults
= ⚑	Pneumococcal vaccine in people 65 and over

Strategies	
↑	***Promoting influenza & pneumococcal vaccine*** for people at risk through collaboration and coordination of existing services. The first target population group will be adults in worksite settings.
↑	***Development of an electronic directory*** first as a compilation of partners in involved in the adult influenza pilot project and DCC members. The directory can be used by partners to coordinate future district-wide activities.

Symbol Key

↑ = Movement toward improvement ↓ = Action was taken but has hit barriers

= = District took minimal to no action on this during the time frame

✵ = Significant Improvement and Success ⚑ = Needs Attention

York District Public Health Improvement Plan Mid-Term Report Card

District Priorities	
Health status focus areas (Call to Action):	
↑	Percent of Adults who are Obese (report a BMI > or = 30)
↑	Percent of High School Youth that are overweight or obese
=	Percent of Adults who have not exercised in the past 30 days
=	Percent of Adults ever had pneumococcal vaccine > = 65 years
↑ ✵	Percent Influenza vaccine past year for adults > 18
= ⚑	Access to primary care physician (population to physician ratio)

Strategies	
↑ ✵	***Promote influenza & pneumococcal vaccine*** for York County Adults through development of a Vaccination Clinic Tool kit for business and employers.
↑	***Work with*** employers to encourage free onsite vaccine clinics for their employees.
↑	***Promote healthy weight*** by first surveying the community to determine what physical activity/nutrition classes are of interest and determine barriers to participation.
=	***Utilize social media*** to disseminate healthy lifestyle messages and promote local opportunities that support healthy eating and active living.
=	***Develop and promote*** healthy eating and active living resource clearinghouse.
↓	***Increase Access to Primary Care*** by providing support and advocacy toward establishing a HRSA funded Federally Qualified Health Center in Sanford.

Symbol Key

↑ = Movement toward improvement ↓ = Action was taken but has hit barriers

= = District took minimal to no action on this during the time frame

✵ = Significant Improvement and Success ⚑ = Needs Attention

III. Success Stories

Aroostook District

It is difficult to discuss success in the Aroostook District without acknowledging the strength of community relationships that exist throughout the district. In fact, in the initial Local Public Health System Assessment, Aroostook County rated quite well on collaboration on health education and promotion plans. However, despite having coordinated emergency communication plans, the district scored lower on having policies and procedures for public information officers, development of health communication plans, and crisis and emergency communications training. It was determined that although activities were occurring that would support a higher score, those projects were not heavily promoted to public health stakeholders throughout the district. Therefore, the Aroostook District Coordinating Council chose to identify activities that would improve the district's ability to more accurately share and potentially expand upon the work being done on behalf of the people of the Aroostook District.

In March of 2012, Aroostook Emergency Medical Agency, Aroostook District Coordinating Council member and integral district partner shared the information about the development and distribution of "Go Kits" for use by local health officers in 27 Aroostook municipalities. Furthermore, a program called Student Tools for Emergency Planning is promoted in area schools as a means of empowering and energizing children to take on emergency communication and preparedness activities in their homes. The defined objective within the District Public Health Improvement Plan allowed the District Coordinating Council to share in the expertise and resources that will ultimately allow it to positively impact health in the jurisdiction.

Central District

The Central District Coordinating Council's 2011 Public Health Improvement Plan calls for this District to "Conduct educational programs for Local Health Officers and municipalities on priority topics," with the objective of holding 1-2 educational programs a year. This winter, the District held training sessions on lead poisoning prevention and district data for local health officers and municipal officials in four locations in the district. At the Skowhegan workshop hosted by the Greater Somerset Public Health Collaborative, one attendee was a representative from Sebasticook Family Doctors who said she had not been exposed to this information before and that many of the patients and families her practice served were in the priority populations at risk of lead poisoning. She expressed her desire to work within her practice to prevent lead poisoning. Options were discussed and resources identified with the speakers and participants.

This attendee was connected with the Maine CDC's lead poisoning prevention coordinator, who then visited Sebasticook Family Doctors' Pittsfield Office to provide a presentation to their staff. Together they came up with an intake process to identify patients at risk for lead poisoning and a protocol for patient education and assistance with lead testing and in-home management practices.

Today, Sebasticook Family Doctors uses the protocols they developed with each patient/family they serve when they come in for an appointment. This has worked so well that the Maine CDC Environmental and Occupational Health Program plans to encourage health care providers throughout the State to adopt the Sebasticook Family Doctors' protocols, and is also making changes to the State lead poisoning prevention program so that more direct assistance is made available to at-risk families identified through the use of the protocols.

Cumberland District

Although the Cumberland District has a reputation for robust health care infrastructure, concerns about disparities in access to care for vulnerable populations drove the selection of "Access to Care" as one of Cumberland's District Public Health Improvement Plan priorities. One of the greatest concerns of the district partners focuses on the barriers to care experienced by refugees and immigrants, who are an increasing proportion of the Cumberland County population and a group with complex needs.

In May 2010, the Maine CDC's Cumberland District Public Health Unit, in collaboration with Portland Public Health, convened an ad hoc group that came to be called "the Greater Portland Refugee and Immigrant Healthcare Collaborative." The initial goal was simply to coordinate efforts and share information across the range of State and local government programs, local primary care providers and hospitals, social service agencies, and academic partners who all share a role in ensuring access to culturally-appropriate health care services.

Early discussions of the Collaborative created a common understanding of the various categories of immigrants and the impact of their categorization on access to services. Each organization knew its own niche in the fragmented safety net but it was necessary to develop a shared picture of the whole system of services. The Collaborative identified four initial priorities (dental care, mental health, vision care, and primary care/initial health assessment recommendations.) Nutrition education and flu vaccination have also been a focus. The many actively-engaged partners are committed to maximizing their collective impact to coordinate the patchwork quilt of services and develop strategic solutions to what can seem like an overwhelming array of challenges. Collaborative grant proposals are in development to support innovations that hold promise for reducing both high health care costs and disparities in both access to care and health outcomes.

Downeast District

In the Downeast District, we are fortunate to have quality hospitals and federally qualified health centers serving our population. Our initial Local Public Health System Assessment showed a need for identifying existing health care services in order to better understand the gaps in services. Our Health Services Gaps work group, which included membership from all five hospitals, five of six health centers, private providers, and district wide agencies dealing with home care and mental/behavioral health, took on this work and learned much about the district and the disconnects in services. This work group put much effort into building the goals in the District Public Health Improvement Plan and it was this ground work that led to further efforts.

One goal of the work group was to bring providers together to talk about the populations they serve, who they are missing, and services that can be improved through collaboration. Tapping into the energy of new leadership in our health care organizations, and leveraging resources from Maine Quality Counts, a series of planning sessions formed the genesis of a round table meeting, bringing together providers to learn about and dialogue on regional models that integrate services. A second event leveraging district energy and outside resources led to a summit on the prescription drug abuse problem in Maine.

The actions of the Health Services Gaps work group, the new energy in leadership, and the new resource partners have given our district a mechanism to rebuild provider relationships so that

people are no longer talking about missed opportunities, but are talking about how to make positive changes.

Midcoast District

Lack of transportation poses a significant challenge for many people in communities along the mid-coast. They are sometimes unable to get to medical appointments, jobs, grocery shopping, youth activities, etc. The Mid-coast District Transportation Taskforce was formed to promote and support transportation services in the Mid-coast District in order to increase access to health care and activities for a healthy life through collaboration with transportation providers, service providers, and other local public health partners. Focus areas are education, sustainability, needs/resources, problem solving, and communication.

In 2011, the Ride Finder, a directory of transportation services available in Sagadahoc, Lincoln, and Knox Counties, and the greater Brunswick area, was created as a first step in improving people's access to transportation by providing a list of available options. In addition, it describes the services and offers information on free or discounted rides. Since information changes often, a Ride Finder website was also developed and is updated as information changes. Informational letters co-signed by key partners and distributed to social service agencies serving the clients and communities throughout the area.

Penquis District

The Penquis Public Health District had many partners working on substance abuse-related issues in both Penobscot and Piscataquis County. When the District developed their Public Health Improvement Plan, the membership felt it was important to have a coordinated approach to tackle substance abuse issues. A workgroup was formed and began to meet and has been successful at communicating and creating targeted actions to move key projects ahead within the Penquis District.

Successes include increasing the participation of law enforcement and citizens in the "National Take Back" days sponsored by Maine Drug Enforcement Agency. Additionally, the workgroup members have been engaged with health care providers and law enforcement to develop "Drug Diversion Alerts." Utilizing prescription or illegal drug arrest data (data does not include marijuana arrest), Healthy Maine Partnership staff compiles the data into document and then emails it to local prescribers. This list coupled with the ongoing training with providers in the District on Prescription Monitoring Program, allows professionals to make informed decisions on what medications to prescribe. These tools are used along with prevention and treatment to keep prescription drugs from being misused.

Western District

The Western Public Health District's initial Local Public Health Assessment showed a significant need for mobilizing community partnerships to identify and solve health problems. The District has made progressing toward addressing this need by concentrating its efforts and focus on two areas. These areas are promoting influenza vaccine for people at risk through collaboration and coordination of existing services and development of an electronic directory.

Successes for promoting influenza vaccine for adults include convening focus groups with employers of all types throughout the District. This includes large and small employers, as well as employers who previously participated in flu vaccine clinics and employers who did not

participate. The goal of these focus groups was (1) to gauge interest of the employers in participating in vaccine clinics (2) to identify barriers in being able to provide these clinics and (3) to determine what employers need to participate in the vaccine clinics. This work continued throughout the flu season allowing information to be reported as issues arose. As a result of the information collected in these focus groups, informational flu packets were developed addressing benefits and risks to receiving a flu shot, myth busters, and dates and times of flu clinics in the district.

Successes for development of an electronic directory include collaboration with the Oxford County Wellness Collaborative in the design of an active collaboration tool that is being implemented District wide. This program is currently being tested by a leadership team for rolled out in June 2012 for use as an internal communication among all providers in the Western District. This tool will facilitate communication through online work groups, post links to evaluations and studies and share upcoming events.

York District

The York Public Health District has benefited tremendously from strong existing partnerships and working relationships within the District. Partners in York District bring a commitment to improving the health of the people in the York communities and join together with energy and enthusiasm no matter how great the challenge. One of the celebrated successes of the York District is the development of a vaccine clinic tool kit for employers. Business Matters Fight the Flu is a vaccine clinic tool kit for employers created and disseminated by the District Public Health Improvement Plan's Immunization Workgroup for the York District Public Health Council. The toolkit includes: recommended strategies, local provider information and "How to Host an On-site Flu Clinic." Private sector business partners were involved in the creation and promotion of this toolkit. Additional partners throughout York County collaborated on this project with the mutual goal of increasing the number of adults who are vaccinated against the flu.

Every year influenza, or "flu," affects employers and businesses. Flu costs businesses approximately $10.4 billion nationally in direct costs for hospitalizations and outpatient visits for adults. For a small business flu is a big disruption. To minimize absenteeism, encouraging and partnering with employers to offer onsite seasonal flu vaccination to their employees is a recommended strategy.

The vaccine tool kit was also adopted and utilized by the Cumberland Public Health District, which illustrates the commitment to sharing and streamlining resources across the districts.

Tribal District

Until recently very little data existed in Maine regarding the current health status and the nature of care for enrolled members of the State's four federally-recognized Tribes: The Aroostook Band of Micmac Indians, The Houlton Band of Maliseet Indians, The Passamaquoddy Tribe Indian Township, The Passamaquoddy Tribe Pleasant Point, and The Penobscot Indian Nation. It was deeply understood by both Tribal and non-Tribal members the need for reliable and up-to-date data on the health of Tribal members in the State. With assistance from each Tribe and the Tribal Public Health District as well as the University of Nebraska, Maine CDC Office of Health Equity and other partners, the Maine Tribal health survey was developed. It now provides a

comprehensive data set on health status and social determinants of health. Results from the survey assist the Tribal Health Directors with program planning, program development, program implementation, and program evaluation to tackle the health disparities which exist within their respective communities. The study has profoundly impacted the State of Maine in better understanding the status of Tribal health and the data that has often been missing from Maine's data sets.

IV. Next Steps

The Maine CDC is faced with the integration and alignment of different initiatives that are occurring in the districts and within the Maine CDC. The following table lists these initiatives and the current timeline for their action to start.

Level	Initiative	Timeline
District	District Public Health Improvement Plan Phase 1	Jan 2011-Dec 2012
	District Public Health Improvement Plan Phase 2	Fall 2012
	Local Public Health Systems Assessment	Last Done: 2009; Next: 2014
Local/Community	Community Health Improvement Plans	Fall 2012/Spring 2013
Division	Division of Local Public Health Strategic Plan Phase 1	Summer 2012
State/Maine CDC	State Health Assessment	Fall 2012
	Healthy Maine 2020	Summer 2012
	State Public Health Improvement Plan	Summer 2013

Based on each District's report card, the Maine CDC district liaisons along with the specific district coordinating council will earmark one area for action over the next months.

District	Action
Aroostook	Aroostook District Coordinating Council will begin work with select provider practices to identify current protocols related to Diabetes A1c screening and provide best practice guidance to facilitate A1c screening on a minimum annual basis for all patients with a diagnosis of diabetes.
Central	Central District Coordinating Council will search for resources to help partner with MaineGeneral to bring a district medication list and safety campaign to district hospitals, health care providers, and community organizations.
Cumberland	Cumberland District Coordinating Council will develop a mechanism for tracking progress and engaging district partners in the ongoing collaborative initiatives addressing the District's priorities.
Downeast	Downeast District Coordinating Council will work with existing collaboratives to develop a usable network of information and the best means for communicating this information.
Midcoast	The Midcoast District Coordinating Council will work with partners across multiple districts to develop, pilot and test an electronic tool that will enhance District communication and facilitate collaborative initiatives.
Penquis	Penquis District Coordinating Council will develop a method for sharing the multi-district obesity tool and continue engaging district partners in the ongoing

	collaborative initiatives addressing District-specific issues.
Western	Western District Coordinating Council will be gathering dates for 2012 flu clinics and updating this information in the flu packets as well as discussing methods for distributing these packets. The District Coordinating Council will also be taking feedback from providers testing the electronic directory to determine improvements before rolling out district wide and possibly working with Central and Midcoast District for expansion later on.
York	The York District Coordinating Council will reenergize the District's Immunization Workgroup; continue their commitment to the multi-district Obesity Workgroup, and make every effort to align with the initiatives of the Maine CDC's Community Transformation Grant strategies in the District.

For more information on the eight geographic public health districts please see their individual Websites:

Aroostook/District 8 (Aroostook County): http://www.maine.gov/dhhs/mecdc/local-public-health/lphd/district8/index.shtml

Central/District 5 (Kennebec and Somerset Counties): http://www.maine.gov/dhhs/mecdc/local-public-health/lphd/district5/index.shtml

Cumberland/District 2 (Cumberland County): http://www.maine.gov/dhhs/mecdc/local-public-health/lphd/district2/index.shtml

Downeast/District 7 (Hancock and Washington Counties): http://www.maine.gov/dhhs/mecdc/local-public-health/lphd/district7/index.shtml

Midcoast/District 4 (Knox, Lincoln, Sagadahoc, and Waldo Counties): http://www.maine.gov/dhhs/mecdc/local-public-health/lphd/district4/index.shtml

Penquis/District 6 (Penobscot and Piscataquis Counties): http://www.maine.gov/dhhs/mecdc/local-public-health/lphd/district6/index.shtml

Western/District 3 (Androscoggin, Franklin, and Oxford Counties): http://www.maine.gov/dhhs/mecdc/local-public-health/lphd/district3/index.shtml

York/District 1 (York County): http://www.maine.gov/dhhs/mecdc/local-public-health/lphd/district1/index.shtml