Statewide Coordinating Council for Public Health

Annual Report

2011

The Statewide Coordinating Council for Public Health (SCC) is required under Title 2, Section 104 to report annually to the joint standing committee of the legislature, which has jurisdiction over health and human services, on progress made toward achieving and maintaining accreditation of the state public health system, and on streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of public health services.

The SCC is a representative statewide body of public health stakeholders that engages in collaborative planning and coordination. Its members provide several key functions, including: ensuring that the state public health system is ready for accreditation and helping to determine how best to deliver essential public health services across the state in the most efficient, effective and evidence-based manner possible.

The SCC has been integrally involved in planning and implementation of the improved public health system that now exists in Maine. This document highlights key activities and successes of the infrastructure at both the state and local levels.

Infrastructure and Efficiency

The SCC, Maine CDC, and many additional partners within and outside of state government have worked over the past several years to streamline Maine's public health infrastructure, including significant activity related to enactment of LD1363, "An Act to Establish and Promote Statewide Collaboration and Coordination in Public Health Activities and to Enact a Universal Wellness Initiative." Through these efforts, a stakeholder-driven public health planning and implementation system now exists consisting of the SCC, 8 District Coordinating Councils for Public Health and one Tribal District, co-located Maine CDC staff in 8 district public health units, Tribal Liaisons, a statewide network of comprehensive community health coalitions (the Healthy Maine Partnerships), and municipal-based local health officers.

This new system encourages participation and input from a broad array of partners involved in public health-related activities at the local, regional and state levels. Improved stakeholder involvement promotes better communication, reduces duplication of effort, and assures that sound public health practice is well-integrated with clinical care, behavioral health, and community service agencies. Please see page 2 for more information about recent accomplishments of the new infrastructure.

Accreditation

In conjunction with improving efficiency and infrastructure, Maine CDC has initiated efforts to achieve national public health accreditation. This process is being undertaken by public health agencies throughout the United States. Similar to the accreditation processes in schools and hospitals, the goal of public health accreditation is to improve services by advancing quality and performance, which is maintained by ensuring that health departments meet or exceed a set of rigorous national standards. In the near future, federal funding for public health will be restricted to accredited agencies.

State and local health departments will be able to submit applications to a national Public Health Accreditation Board beginning in late 2011. In preparation for this, Maine CDC senior management has worked to educate and organize staff, develop a Community Health Assessment, a Community Health Improvement Plan, and an agency-wide Strategic Plan. Public Health System Assessments were conducted at the district and state levels. This ongoing work is being organized in coordination with a federal Public Health Transformation

grant, which will allow Maine to develop a comprehensive performance management and quality improvement system.

Recent accomplishments of the public health infrastructure are outlined below:

Planning and Advisory Structures

- Infrastructure and processes are now in place to provide aligned, comprehensive health planning processes at local, district, and state levels. Maine CDC and its partners are working to complete local and district public health improvement plans, along with a comprehensive state-level planning document, Healthy Maine 2020.

- Formation of State and District Coordinating Councils for Public Health now allows broad stakeholder involvement at the public health district and state levels. Stakeholders include traditional public health partners along with organizations such as hospitals, primary care providers, mental/behavioral health care providers, emergency management, business, and state and municipal governments

- Based on recommendations from the now-defunct Advisory Council on Health Systems Development and the Governor's Office, Maine CDC worked with state and district partners in 2009-2010 to develop District Performance Reports, documents that connect socioeconomic status, population health indicators, preventable hospitalization rates, and cost savings associated with preventable hospitalizations. These reports will be updated annually and used by the multi-stakeholder District Coordinating Councils to track progress in their efforts to prevent avoidable and costly chronic diseases.

Maine CDC Staff Reorganization

- Maine CDC existing staff positions and funds have been reorganized to enable hiring of eight District Public Health Liaison positions, with all positions filled by January 2010. Public Health Units have been convened in all districts and include co-location of Maine CDC public health nurses, health inspectors, epidemiologists, and district liaisons. Two Tribal Liaisons were hired and a ninth district, the Tribal District, was established in Legislation.

- Existing Maine CDC resources were realigned to create the Office of Local Public Health, which includes District Public Health Liaisons, a Local Health Officer Coordinator, and a comprehensive health planner.

Healthy Maine Partnerships

- As part of infrastructure implementation, Maine CDC streamlined 155 contracts for community-based chronic disease efforts into 27 Healthy Maine Partnerships (HMP) contracts (26 community and 1 tribal HMP in the 9 districts).

- HMPs work with a coalition of community partners to reduce tobacco use and exposure, increase physical activity, improve nutrition, prevent alcohol and drug abuse, and link people to health screenings and community resources to prevent and reduce the impact of chronic diseases.

- HMPs work with state government partners to implement worksite wellness programming, "Healthy Maine Works." The purpose of Healthy Maine Works is to guide and assist employers in developing wellness programs which support the health of employees. Promoting employee health is good for business in that it reduces costly absences and long term health care costs and improves overall job performance and satisfaction.

- The HMPs were part of the implementation of evidence-based substance abuse prevention strategies funded by the Office of Substance Abuse. This work contributed to the decrease in the percentage of teens using alcohol in the past month from 29% to 25%, from 2006 to 2008.Along with their crucial role in tobacco and chronic disease prevention, HMPs serve as key partners for public health infrastructure development at the local and district levels. All HMPs completed local Community Health Improvement Plans in Spring, 2011.

- Healthy Maine Partnerships have been successful in leveraging millions of dollars from a variety of funding sources ranging from federal to private foundations to increase the range of public health work they are engaged in. Such examples include substance abuse prevention through federal Drug Free Communities grants, establishment of the Farm to School Network to bring locally grown foods to schools, and Lead Poisoning Prevention and Colorectal Cancer Prevention and Awareness funding to name a few.

Successful Response to Pandemic Influenza

- The infrastructure was effectively mobilized to combat H1N1 in Maine during the 2009-2010 flu season. Maine CDC District Liaisons played a central role in distributing scarce vaccine by serving as vaccine coordinators at the District level. HMPs and District Coordinating Councils assisted with planning and communication efforts, and helped identify at-risk populations in need of vaccine at the local level. The extensive network of public health contacts and constituents created through the public health infrastructure facilitated communication efforts and messaging from the central level.

- As a result of the efforts of Maine CDC and its many partners, Maine tied for the highest or second highest H1N1 vaccine rates in the country in all age categories. It had one of the mildest disease surges of H1N1 in the country; and was one of very few states that did not experience a child dying due to H1N1, even though this was primarily a pediatric pandemic.

- The infrastructure regularly supports the statewide drug take back events in Maine, as a way to reduce prescription drug misuse. On October 29, 2011, for the second time in a row, Maine ranked #1 per capita in the U.S. for the largest state collection. For the first time, Maine had the largest collection in New England with 14,140 lbs. collected. Massachusetts had the 2nd largest collection with 12,464 lbs. Maine ranked #6 in the U.S. for its total collection effort on Oct 29. The top 5 states were CA, NY, WI, OH and PA.

New Public Health Funding for Maine

- Due in large part to improvements in Maine's public health infrastructure, Maine CDC successfully applied for and received one of 14 highly competitive federal awards for $8.5 million over five years to further streamline and improve public health service delivery in the state. Funding will allow for more efficient access to public health data, create

automated integration of public health and clinical care data, and assist Maine CDC in its efforts to achieve national accreditation.

- Another successful endeavor was the Community Transformation Grant Maine received in October 2011. Maine CDC successfully applied for and received one of 61 highly competitive federal awards from U.S. CDC of $6.5 million over five years. The Community Transformation grant includes state, district, and community level implementation for maximum spread and impact. This state coordinated grant will fund public health prevention efforts aimed at reducing the rates and health impact of obesity, tobacco use and heart disease. A majority of funds will be dedicated to work within Maine's Tribal and Public Health Districts.

- The State Coordinating Committee will serve as the statewide leadership group, guiding and advising work of the Community Transformation Grant. Community work will be implemented under the guidance and coordination of the each of the State's nine District Coordinating Councils.

Local Health Officers

- Local Health Officer (LHO) statutes were updated during 2008 with passage of "An Act to Modernize Local Health Officer Statutes" legislation which served to narrow LHO functions, strengthen the LHO system, and establish ongoing training and support. Rule changes were made to clarify LHO qualifications, training, and experience and to ensure that all LHOs meet minimum qualifications within six months of appointment.

- In 2009, an on-line LHO certification training was developed and has been taken by more than half of all LHOs in the state. Other LHO training modules are in development, and in-person training opportunities are offered in all districts on an ongoing basis.

Population Health Indicators

- Population health data can be tracked over the long term to gauge public health efforts. Maine's public health system has demonstrated success in several key areas:

- Maine's teen smoking rates have been cut in half, from about 40% in 1997 (one of the highest in the country) to 18% in 2009;

- Adult smoking rates have dropped from 25% to 18% (1996 – 2010);

- Cigarette consumption has dropped by about half (1996 – 2009);

- Adult obesity rates have preliminarily stabilized (at 27%, 2006 – 2010) as have teen obesity rates (at 13%, 2003 – 2009);

- The percent of teens that used alcohol in the past month decreased from 38% in 1995 to 25% in 2008, and binge drinking among teens in the prior two weeks decreased from 20% to 13%.

- Screening rates have significantly increased for chronic diseases, in some cases to some of the highest in the country; screening leads to identifying diseases in their earlier more easily treatable forms.