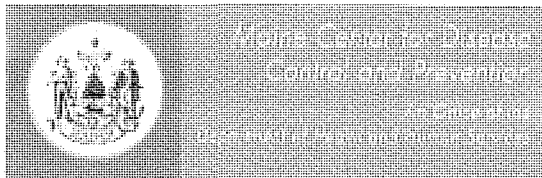


MAINE STATE LEGISLATURE

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Statewide Coordinating Council for Public Health

Annual Report

2012

The Statewide Coordinating Council for Public Health (SCC) is required under Title 2, Section 104 to report annually to the Joint Standing Committee of 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 Statewide Coordinating Council 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 Statewide Coordinating Council has been integrally involved in the planning and implementation of the improved local 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 Statewide Coordinating Council, Maine CDC, and many partners have worked over the past several years to streamline Maine's public health infrastructure. Among these efforts was 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), two city Health Departments (Bangor and Portland) and close to 500 municipal-based local health officers.

This 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, increases alignment of the system, and assures that sound public health practice is well-integrated with clinical care, behavioral health, and community service agencies.

Accreditation

In conjunction with improving efficiency and infrastructure, Maine CDC has initiated efforts to achieve national public health accreditation. The goal of public health accreditation is to improve services by advancing quality and performance by ensuring that health departments meet or exceed a set of rigorous national standards. In the near future, federal funding for public health will most likely be restricted to accredited

agencies thus this effort will position Maine for that eventuality. In preparation for this, Maine CDC has worked to educate and organize staff, developed a State Health Assessment and Community Health Assessment, both a District Public Health Improvement Plan and Community Health Improvement Plan, and an agency-wide Strategic Plan with a goal of submitting for accreditation by year end 2013. Public Health System Assessments were conducted at the district and State levels. Maine CDC recently organized and participated in a readiness review in October 2012. Recent accomplishments of the public health infrastructure are outlined below:

Accomplishments of the Planning and Advisory Structures

- Infrastructure and processes are now in place to provide aligned, comprehensive health planning processes at all levels. Maine CDC and its partners are working to finalize local public health improvement plans and update district public health improvement plans, along with finalizing a comprehensive state-level planning document, Healthy Maine 2020.
- During the first three quarters of 2012, the SCC Executive Committee, with input from district public health partners, proposed a comprehensive set of bylaws for the District Coordinating Councils (DCC). This was a core accomplishment for strengthening the public health infrastructure in Maine. The bylaws were developed to provide districts with guidance for equitable decision making, uniformity in practice across districts, optimal use of resources, and a reflection of experience with the functions of the DCCs after the last few years of operation.
- During October and November 2012, the State Health Assessment (SHA) was presented across the public health districts by Maine CDC at forums hosted by the District Coordinating Councils, which highlighted district-level data in comparison to State and national data. This work will be highlighted in Maine's State Health Improvement Plan. The State Health Improvement Plan is scheduled to be complete and ready for dissemination in June 2013. Discerning the focus and priority areas for this Plan began at the December 2012 SCC meeting.
- 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 municipal governments
- District Performance Reports provide annual updates to the Legislature each June. These documents either highlight success stories in the districts or connect socioeconomic status, population health indicators, and cost savings associated with preventable hospitalizations. These reports are updated annually and used by the District Coordinating Councils to track progress in their efforts to prevent avoidable, costly chronic and infectious diseases.

SCC Workgroups

In January 2012, the SCC Executive Committee, in collaboration with a number of interested members and stakeholders, implemented a framework for integrating priority options into the ongoing work of the SCC. As a result, three subcommittees were created to address these priority areas.

Three areas of particular interest for ongoing work were prioritized:

- 1) Health Disparities/Health Equity: ways to address issues related to populations with health disparities across all SCC work
- 2) Planning and Coordination Committee: includes collaborations and coordination for the multiple planning and assessment processes. This includes planning for effective input and collaboration in response to grant opportunities.
- 3) Statewide Public Health System Assessment Planning: next steps based on the results of the Statewide Public Health System Assessment.

Accomplishments of SCC Subcommittees

Health Disparities/Health Equity

The Health Disparities Subgroup presented to the SCC in March 2012 on evidenced - based practice work in health disparities and health equity being accomplished in Maine. Included was a discussion on a proposed Maine center for health disparities research at UNE and guidance on using the Community-Based Participatory Research model to successfully address health disparities in Maine. The Tribal Principal Investigator of the Waponahki Tribal Health Assessment, the largest comprehensive health surveys conducted of Native Americans residing east of the Mississippi, shared health assessment data with SCC members and statewide stakeholders. This subcommittee includes the Director of Tribal Public Health who co-leads the group providing a linkage to information and resources on evidenced-based health equity work nationally and in New England.

Planning and Coordination

Across the state and the nation, more attention is being paid to the impact of health outreach on population health. Hospitals, Health Systems, and agencies are required to conduct Community Health Needs Assessments, and develop plans to address the identified areas of greatest risk or concern. This practice requires a significant investment of time and resources, and results in a significant duplication of efforts within communities, counties, and the state. Building on the success of the OneMaine Health Assessment, members of the SCC began an initiative to coordinate this effort amongst impacted stakeholders throughout Maine. A subcommittee was formed with participants from the following entities:

- Maine CDC
- OneMaine Health Collaborative (Eastern Maine Health System, MaineHealth and MaineGeneral)
- University of Southern Maine (USM) Muskie

- University of New England (UNE)
- Bangor City Health Department
- Portland Public Health
- Maine Primary Care Association
- Maine Hospital Association

The team shared knowledge and practices for data collection, assessment, engaging the community, and methods for disseminating results. Together, the group hopes to streamline processes for data collection, assessment, community engagement, and communication of findings. By 2016, the committee believes the work of the partnering entities will result in unduplicated and critical assessment results, providing a comprehensive tool for health planning that will be used by virtually all people, sectors, and agencies across the state. This collaborative effort to integrate practices will achieve greater efficiencies, reduce redundancies, lead to improved access to health services and health status for all Mainers, and allow for a broader use of the resulting product. The more entities that can be integrated into a common, universal process to meet various regulatory, health planning and fund raising goals, the greater the return on investment.

State Public Health System Assessment

Maine CDC

Public Health Units continue to be convened in all districts and include co-location of Maine CDC public health nurses, health inspectors, field epidemiologists, and district liaisons. Two Tribal Liaisons were hired and a ninth district, the Tribal District, was established in Legislation.

Healthy Maine Partnerships

In 2007, DHHS as part of implementation of the recommendations of the Public Health Workgroup streamlined 155 contracts for community-based chronic disease efforts into 28 Healthy Maine Partnerships (HMP) contracts covering all of Maine's municipalities. In 2010, Maine CDC through the RFP process reduced the number of local HMPs to 26 and added a tribal HMP. In 2012, in response to a 33% cut to the Fund for a Healthy Maine, Maine CDC further improved efficiency and reduced administrative structures by streamlining the 27 HMP contracts into 9 Lead HMP contracts. The overall number of HMPs remains at 27, with Lead HMPs required to subcontract with the remaining 18 "Supporting HMPs."

HMPs are tasked with developing a coalition of community partners to practice primary prevention using population based health care in order to prevent and reduce the impact of chronic disease. Areas of focus include:

- Reduction of tobacco use and exposure and smoking cessation programs
- Increase physical activity

- Improve healthy nutrition
- Prevent alcohol and drug abuse
- Link people to health screenings and community resources to prevent and reduce the impact of chronic diseases such as:
 - Diabetes
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Kidney Disease
 - Obesity
 - Asthma
 - Cardiovascular Disease
- Since 2011, HMPs have been an important part of Maine's youth tobacco prevention efforts. This work has contributed to the decrease in the percentage of high school youth who have used tobacco in the past month from 24.89% in 2001 to 15.2% in 2011. HMPs serve as key partners for public health infrastructure support and development at the local service area levels. All HMPs completed local Community Health Improvement Plans during the summer of 2011.
- Healthy Maine Partnerships have successfully leveraged funding from a variety of sources ranging from federal to private foundations, bringing money into Maine's communities to increase the range of public health work they are engaged in. Examples of such work include substance abuse prevention through federal Drug Free Communities grants, establishment of a Farm to School Network to bring locally grown foods to schools, support of nutrition education through USDA Snap-Ed grant funding, and Small Community Community-Transformation grants expanding the current efforts at the local level to address obesity, improve clinical services, and reduce the effects of chronic disease.

New Public Health Funding for Maine

Due in large part to improvements in Maine's public health infrastructure, Maine CDC 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 has enabled more efficient access to public health data, created integration of public health and clinical care data, and is assisting Maine CDC in its efforts to achieve national accreditation.

Another successful endeavor was the state level Community Transformation Grant Maine received in October 2011. Maine CDC will receive \$6.5 million over five years, one of 61 highly-competitive federal awards from the U.S. CDC. The majority of these funds are dedicated to community level work within Maine's Tribal and Public Health Districts. The Community Transformation Grant funds public health prevention efforts aimed at reducing the rates and health impact of obesity, tobacco use, and heart

disease; implementing efforts at the state, district, and community levels for maximum impact.

The Statewide Coordinating Council supports the Leadership Team that serves as the statewide leadership group for the grant, guiding and advising work of the Community Transformation Grant. The District and community level work of the CTG is being implemented under the guidance and coordination of the each of the State's nine District Coordinating Councils.

Local Health Officers

Since 2009, an on-line LHO certification training was developed and has been taken by more than 70% of all LHOs in the state. Other LHO training modules are in development, the online LHO manual continues to be updated, 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 15% in 2011;
- Adult smoking rates have dropped from 25% to 18% (1996 – 2011);
- Cigarette consumption has dropped by about half (1996 – 2009);
- Adult obesity rates have preliminarily stabilized (at 28% in 2011 from 23% in 2006), as have teen obesity rates (at 12% in 2011 from 13% in 2003);
- 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%.

Summary

Since its inception in 2008, the SCC has evolved into a coordinated and systematic approach to address the escalating costs and impacts of chronic health conditions experienced by Mainers. The SCC has established a process of multidisciplinary collaboration and partnerships with a variety of health care sectors and interested parties throughout the state. This collaboration has resulted in many successes as outlined above, by providing tools to respond to the constantly changing healthcare landscape. These efforts have led to a more comprehensive, robust, efficient, and thoughtful approach to facing the multitude of challenges related to public health. Our innovative measures to pool resources, share knowledge, and produce outcomes provide a framework and system that will better serve the people of Maine.