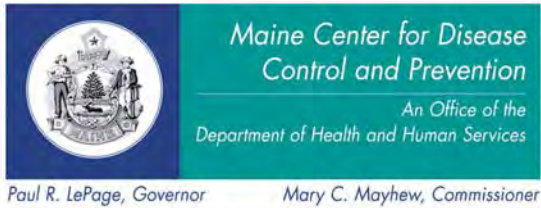


# MAINE STATE LEGISLATURE

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# Statewide Coordinating Council for Public Health

## Annual Report

### 2013

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; and
- 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 submitted its Statement of Intent 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 and this effort will position Maine for that eventuality. In preparation for this, Maine CDC has worked to educate and organize staff and develop:

- a State Health Assessment;
- a Community Health Assessment;
- District Public Health Improvement Plan;
- a Community Health Improvement Plan; and
- an agency-wide Strategic Plan

With the Statement of Intent submitted in December 2013, the hope is for a site visit in the summer of 2014. Public Health System Assessments were conducted in a mock review at the district and State levels. Maine CDC organized and participated in a readiness review in October of 2012. Recent accomplishments of the public health infrastructure are outlined below:

### **Accomplishments of the Planning and Advisory Structures**

- Infrastructure and processes to provide aligned, comprehensive health planning processes at all levels continue to evolve. The State and District Public Health Improvement Plans were developed simultaneously, and information was shared between District Coordinating Councils and SHIP workgroups to assure alignment.
- Maine CDC and its SCC stakeholders are working to finalize local public health improvement plans and update District Public Health Improvement Plans (DPHIPs), along with finalizing a comprehensive state-level planning document, Healthy Maine 2020.
- The 2012 State Health Assessment (SHA) was used in developing priorities and objectives for the State Health Improvement Plan (SHIP). Along with its stakeholders, Maine CDC is finalizing the DPHIPs. The SHIP and Healthy Maine 2020 are in the approval process.
- State and District Coordinating Councils for Public Health allow broad stakeholder involvement at the local, district, tribal and State levels. Stakeholders also include traditional public health partners (i.e. Healthy Maine Partnerships, hospitals, primary care providers, mental/behavioral health care providers, educational institutions, emergency management, business, and municipal governments).
- District Performance Reports provide annual updates to the SCC 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 of 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 Cumberland Public Health District Health Equity and Disparities Workgroup continues to provide guidance to the Cumberland Public Health District at large. This group has addressed transportation disparities and has sponsored several “Health on the Move” health fairs and screening events and is now being evaluated.
- University of New England’s C.H.A.N.N.E.L.S. program is leading efforts to integrate *Cultural Competence, Effective Communication*, and related content into inter-professional student curricula through multiple partnerships. The Riverton Health Clinic has opened to provide health services to culturally and linguistically diverse residents at Riverton Housing Community. U.N.E. students will assist at the clinic.
- The Daniel Hanley Center for Health Leadership has launched a Health Disparities Ambassador Project that engaged 24 health leaders from across Maine in identifying and working collaboratively to address health disparities. The project was also supported by the State of Maine Office of Health Equity, Harvard Pilgrim Foundation’s Culture Insights, and The Maine Community Foundation’s People of Color Fund. The same group plans to evolve into a Health Equity Council that will advise the program on related topics going forward.
- The Greater Portland Refuge and Immigrant Collaborative continues to meet and prepare for engaging New Americans in Health Care enrollment. The group has also organized to support efforts at assisting foreign-trained physicians, sharing translated materials, and etc.

## 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 now required to conduct Community Health Needs Assessments every three years, 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 duplication of efforts within communities, counties, and the state. In addition, state and local health departments must produce health assessments and health improvement plans for public health accreditation. The Planning and Coordination sub-committee engaged multiple parties to create a “Shared Health Needs Assessment and Planning Process:

- Maine CDC
- Eastern Maine Health System
- MaineHealth
- MaineGeneral
- Central Maine Health System
- 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

An MOU was developed, with a draft process for community engagement, a set of core metrics to be included in data analyses, and a timeline that accounts for the various requirements of the organizations involved. Starting in 2015, resources will be leveraged to create a single state health assessment, followed by community engagement and prioritization in 2016, with plans to repeat the process every three years. 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 and enhance sustainability.

## **State Public Health System Assessment**

### Maine CDC

The District Public Health offices, as well as the Tribal District, continue to develop. Each office includes Maine CDC public health nurses, health inspectors, field epidemiologists, water inspectors and district liaisons.

## 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 2011, per statute and in response to a 33% cut to the Fund for a Healthy Maine, Maine CDC further improved efficiency and reduced administrative costs 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." The HMP initiative continues to cover all municipalities in Maine.

HMPs are tasked with developing a coalition of community partners to practice primary prevention strategies using a population based public health approach to preventing chronic disease and reducing its impact by addressing some of the major drivers for preventable chronic disease. Areas of focus include:

- Reducing tobacco use and exposure to second hand smoke
- Reducing the initiation of tobacco use by young adults
- Increasing physical activity
- Improving healthy nutrition
- Preventing alcohol and drug abuse
- Linking 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

As a result of HMP activities:

- Maine CDC Partnership For A Tobacco-Free Maine and the Smoke Free Housing Coalition of Maine collaborate with the Healthy Maine Partnerships to increase the number of multi-unit residential buildings that are 100% smoke free. As a result, Maine is the first state in the nation to have successfully assisted all of the state's Public Housing Authorities (20 of 20) to develop and implement fully 100% smoke free policies for all units.
- Results are that while in 2007 only 36% of private landlords had such policies, in 2012, this had increased to 48% - protecting 135,000 tenants from exposure.
- The number of HMPs working on this objective has also increased; while in SFY12 there were only 12, in SFY 13, 16 were working on this issue

- 262 worksites established a new comprehensive wellness approach, impacting 33,930 employees
- 64% of employed adults report having seen their workplace's written smoking policy
- The number of municipalities with a smoking ban on municipal grounds increased from 9% in 2004 to 29% in 2007 and 43% in 2011
- About 20% of small businesses are engaged in efforts to promote healthy eating among staff
- 318 community organizations developed at least one new opportunity for physical activity – these were offered to 20,201 parents and families

HMPs are an important part of Maine's youth tobacco prevention efforts. Their work has contributed to the decrease in the percentage of high school youth who have used tobacco in the past month from 25% in 2001 to 15% in 2013. HMPs serve as key partners for public health infrastructure support and development at the local service area levels, assuring that essential public health services are available all across Maine. All HMPs completed local Community Health Improvement Plans during the summer of 2011. HMPs have been essential partners in the success of the state level Community Transformation Grant, addressing tobacco, physical activity and nutrition.

Healthy Maine Partnerships have successfully leveraged funding from a variety of sources ranging from federal to private foundations, streaming money into Maine's communities to increase the work of public health. 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, and support of nutrition education through USDA Snap-Ed grant funding.

### New Public Health Funding for Maine

Funding via the National Public Health Improvement Initiative, although reduced to \$800,000 annually through federal budget cuts, continues to work towards creating efficiencies in providing public health services, improving effectiveness of programs and 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 federally required Leadership Group is a subcommittee of the SCC and serves to oversee, guide and advise work of the Community Transformation Grant at the State



level. 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.

In October of 2012, the Office of Substance Abuse and Mental Health Services (SAMHS) received the Partnership for Success II grant from SAMHSA. The goal of this project is to reduce high-risk drinking among the 12-20 year old population and reduce prescription drug abuse and marijuana use among the 12-25 year old population. During the three year project, evidence-based environmental strategies and programs will be implemented state-wide through the Healthy Maine Partnership coalitions (HMPs) located in all nine of Maine's Public Health Districts. SAMHS has also provided funding to select HMPs to raise awareness regarding Problem Gambling through the "Safe Bet" media campaign and materials.

### **Population Health Indicators**

Some selected population health indicators that will continue to be tracked to gauge the success of our collaborative public health efforts include:

- 75% of children ages 19-35 months were fully immunized in 2012 according to US CDC recommendations, according to the National Immunization Survey. This rate has increased from 39% in 2009. Maine has risen to 12<sup>th</sup> in the Nation in 2012 from 47<sup>th</sup> in 2009 for the 4:3:1:3\*:3:1:4 antigen series ~ ≥4 doses of DTaP, ≥3 doses of Polio vaccine, ≥1 dose of MMR vaccine, \*full series Hib vaccine, ≥3 doses of HepB vaccine, ≥1 dose of varicella vaccine and ≥4 doses of PCV.
- 80% of adolescents were immunized for tetanus, diphtheria and pertussis (whooping cough) and 74% were immunized for meningitis in 2012. These rates have increased from 43% and 36% respectively in 2008.
- 63% of Maine children were immunized for influenza in the 2012-13 flu season. The rates for children are similar to those in the 2009-10 flu season and slightly higher than rates for the 2010-11 and 2011-12 flu seasons.
- 47% of Maine adults were immunized for influenza in the 2012-13 flu season. The rates for adult influenza immunizations are up from 43% in the 2011-12 flu season.
- 34% of Maine adults were at a healthy weight in 2012, while 28% were obese. These rates are not significantly different from the 2011.
- 13% of Maine high school students were obese in 2011; this is not significantly different from 2009.
- 15% of Maine high school students smoked cigarettes in 2011; this is a reduction from 18% in 2009.

- 20% of Maine adults smoked cigarettes in 2012; down from 23% in 2011.
- 18% of Maine adults reported binge drinking in 2012, while 7% reported heavy drinking. These rates have not changed since 2011.
- 22% of Maine high school students reported using marijuana in 2011; this has not changed significantly since 2009.
- 1% of Maine adults and 7% of Maine high school students reported using prescription drugs without a doctor's permission in 2011. The youth rate is down from 9% in 2009.
- 24% of Maine adults have ever been diagnosed with depression, while 20% have been diagnosed with anxiety and 52% of those with either depression or anxiety have other chronic diseases such as diabetes, hypertension, or current asthma.

### **Summary**

The Statewide Coordinating Council for Public Health has experienced tremendous accomplishments since its inception in 2008. The efforts to improve the health status of Maine people through primary prevention efforts, managing population health with particular focus on chronic disease, and tackling the obesity epidemic has been at the center of our work. With each passing year, the strengthening of the collaborative partnerships within each of the districts provides a more secure, sustainable infrastructure to share knowledge of evidence based practices, reduce duplication, and improve efficiencies. While in alignment with the state objectives, each district's goals and strategies are established at the local level, allowing for an individualized plan that can address the needs of the community while aligning with the identified goals of the State of Maine.