Paul R. LePage, Governor

Department of Health and Human Services
Ma,nc People living
Sale Healthy ond Productive Lives

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Commissioner's Office
221 State Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-3707;Fax (207) 287-3005
TTY Users: Dial 711 (Maine Relay)

January 23, 2015

Senator Eric Brakey, Chair
Representative Andrew Gattine, Chair
Joint Standing Committee on Health and Human Services
#100 State House Station
Augusta, Maine 04333-0100

Dear Senator Brakey and Representative Gattine:

On behalf of the co-chairs of the Statewide Coordinating Council for Public Health, enclosed is the 2014 annual report.

Dr. Sheila Pinette and Shawn Yardley served as co-chairs for this committee in 2014 and would be happy to answer any questions you may have.

Mary C. Mayhew
Commissioner

MCM/klv

Enclosure

cc: Sheila Pinette, Co-Chair Statewide Coordinating Council and Director, Maine CDC
Shawn Yardley, Co-Chair Statewide Coordinating Council

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Paul R. LePage, Governor Mary C.M ayhew, Commissioner

Depar tmen t of H ea lth and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-8016; Fax: (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Statewide Coordinating Council for Public Health

Annual Report

2014

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. The report also focuses 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 Statewide Coordinating Council;
- Eight District Coordinating Councils for Public Health and one Tribal District;
- Co-located Maine CDC staff in eight district public health units;
- Two 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 best 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 Application to achieve national accreditation by the Public Health Accreditation Board (PHAB). The goal of public health accreditation is to protect and improve the health of Maine people by advancing the quality and performance of the Maine CDC's programs and services. In the near

future, federal funding for public health will most likely be limited 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 to develop and enhance several new procedures and plans, including:

- A State Health Assessment;
- A State Health Improvement Plan; and
- An agency-wide Strategic Plan.

The accreditation Statement of Intent was submitted to PHAB in December 2013. The Application was submitted in May 2014. In August 2014, the Maine CDC was granted access to begin submitting the documents needed to show how the organization meets the standards. A site visit is expected in fall 2015.

Accomplishments of the Planning and Advisory Structures

- Maine CDC and its SCC stakeholders finalized local Community Health Improvement Plans (CHIPs) in each HMP local service area, District Public Health Improvement Plans (DPHIPs), the 2014-2017 State Health Improvement Plan, and Healthy Maine 2020 10-year goals for the state.

- State and District Coordinating Councils for Public Health allowed for broader 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).

- The Shared Health Needs Assessment Planning Process finalized a timeline and process for migrating to a fully aligned 2016 Maine Community Health Needs Assessment (CHNA). Some community hospitals in five public health districts urgently required an interim Community Health Needs Assessment in 2014 in order to meet their IRS 990 reporting requirements. In Spring 2014, the District Coordinating Councils and District Liaisons assisted Eastern Maine Health System with its interim Community Health Needs Assessment. This support ensured that all hospitals remain current with their CHNA requirements while migrating to full alignment in 2016. Through the Maine CDC' s joint statewide health assessment and planning process, all hospitals will be fully implemented by 2016. This is an important step toward maximizing the efficient use ofresources and encouraging collaboration between health care and public health partners on community health planning.

- The District Liaison team developed the draft annual district report card in June 2014 to submit to the Legislature's Joint Standing Committee on Health and Human Services. This document also serves as an annual update to the SCC to supplement the quarterly updates provided to the SCC by each District Coordinating Council, and the State Health Assessment's district health profiles developed last year. These documents highlight success

stories in the districts and over time monitors trends, socioeconomic status, population health indicators, and costs associated with preventable hospitalizations.

- Work groups in all eight geographical public health districts continue to implement activities to address priorities in the current District Public Health Improvement Plans (DPHIPs) , which are coordinated with local HMP Community Health Improvement Plans (CHIPs). These activities are coordinated with local CHIPs and the SHIP. Organizational meetings for the SHIP Implementation teams which began in May 2014.

- Membership in the District Coordinating Councils continues to increase engagement of broad multi-sector partners. District Coordinating Council bylaws were reviewed and formally signed by all partners in 2014. Each council is working on strengthening membership.

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 the following priority areas:

- Health Disparities/Health Equity focuses on ways to address issues related to populations with health disparities across all SCC work;
- Planning and Coordination Committee includes collaboration and coordination for the multiple planning and assessment processes for effective input and collaboration in response to grant opportunities;
- Statewide Public Health System Assessment Planning focuses on next steps needed as a result of the Statewide Public Health System Assessment.

Planning and Coordination

Across the state and the nation, more attention is being paid to the impact of health outcomes through population health. Non-profit hospitals 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, which can result in duplication of efforts within communities, counties, and the state. Subsequently, 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." Five organizations entered into a Memorandum of Understanding to coordinate efforts and leverage resources:

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

Additional entities have provided input to this process, to ensure that the needs of all health care and public health agencies in the state are considered:

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

Starting in 2015, resources will be leveraged to create a single state health assessment. Data analyses will be completed in September 2015, followed by community engagement and prioritization in the last quarter of 2015 and the first two quarters of 2016. This process will be repeated 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 assessment product. Partners agree that the more entities integrated into a common, universal process to meet various regulatory, health planning and fund raising goals, the greater the return on investment and enhanced sustainability.

Maine CDC

The District Public Health offices, as well as the Tribal District, continue to develop. They work collaboratively with stakeholders, serving the public health needs of their geographically designated regions. Each office includes Maine CDC public health nurses, health inspectors, field epidemiologists, water inspectors and district liaisons.

State Public Health System Outcomes

Healthy Maine Partnerships

In 2007, as part of implementation of the recommendations of the Public Health Workgroup, Maine CDC 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 a competitive procurement, reduced the number of local HMPs to 26 and added a tribal HMP for a new total of 27. In 2012, 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 nine "Lead HMP" contracts. The overall number ofHMPs 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 convening and maintaining a coalition of community partners both to both provide local oversight and to implement primary prevention strategies collaboratively. A population-based public health approach is used to prevent and reduce the impact of chronic disease by addressing tobacco use and exposure, increasing physical activity, improving healthy foods and beverages options, preventing alcohol and drug abuse, and implementing workplace wellness in small businesses.

Focus Area:

Reduce tobacco initiation by youth and young adults and reduce tobacco use among the general population as well as those priority populations experiencing an undue burden of tobacco use

HMP Response:

- 96% ofHMPs are working with tobacco retailers to increase training of retail staff in ways to prevent tobacco sales to underage children.
- 96% of HMPs are working with tobacco retailers to decrease the amount and visibility of in-store tobacco advertising.

Focus Area:

Reduce involuntary exposure to secondhand smoke

HMP Response:

- 30% of HMPs are partnering with landlords of multi-unit residential buildings to make these buildings smoke free.
- 66% ofHMPs are working with municipalities to protect residents from exposure to second hand smoke at public events.

Focus Area:

Increase opportunities for physical activity

HMP Response:

- 100% of HMPs are partnering with municipalities to assess resident access to free or low cost physical activity resources within the municipality.
- 74% ofHMPs are working to make municipalities more conducive to residents engaging in physical activity.

Focus Area:

Improve healthy food and beverage options

HMP Response:

- 59% of HMPs are partnering with municipalities to increase the availability of healthy food.
- 100% of HMPs are assisting schools to improve their Wellness Policies and address food offered in school settings.

Focus Area:

Preventing alcohol and drug abuse

HMP Response:

- 100% of HMPs are working to reduce alcohol use by underage children.
- 100% of HMPs are partnering with schools to develop and implement best practices around substance abuse policies within school settings.

Focus Area:

Working with small and medium sized businesses to improve employee health.

HMP Response:

74% ofHMPs are working with small and medium size businesses to link employees to health risk assessments and create environments within worksites that address and improve the health of employees.

HMPs are key partners within the public health infrastructure that support efforts at the local level, assuring that essential public health services are available statewide. All HMPs completed local Community Health Improvement Plans during the summer of 2012 and have used these to contribute objectives to the District Public Health Improvement Plans. HMPs have been essential partners in the success of the Community Transformation Grant, addressing tobacco, physical activity and nutrition.

In the past year, HMPs successfully leveraged more than 2.3 million dollars in 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 with the assistance of FoodCorps Volunteers 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 eliminated for future budget periods in the federal budget, will continue to support work toward creating efficiencies in providing public health services through September 2015, 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 (CTG) Maine received in October 2011. The CTG was achieving a high level of accomplishment, however this grant was terminated nationwide on September 30, 2014. Maine CDC received close to $4 million dollars over a three-year time span, the vast majority of which was dedicated to community level work within all of Maine's Public Health Districts . The Maine CTG funded public health prevention efforts aimed at reducing the rates and health impact of obesity, tobacco use, and heart disease. Despite its early termination, Maine's CTG effort was hugely successful, meeting the majority of its five-year projected targets by the end of the third year. CTG work resulted in 391 Early Childhood Education Centers (ECEs) making positive improvements in the quality of food served and 370 ECEs making positive improvements in the physical activity programming. Similarly, 87 out of 100 target schools improved their nutritional offerings to students and 89 out of 100 improved physical activity programming.

The federally required CTG Statewide Leadership Team has been a subcommittee of the SCC and served to oversee, guide and advise work of the Community Transformation Grant at the State level. The District and community level work of the CTG was implemented under the guidance and coordination of the State' s nine District Coordinating Councils.

Substance Abuse and Mental Health Services

In October of 2012, the Office of Substance Abuse and Mental Health Services (SAMHS) received the Partnership for Success II grant from SAMHSA (the federal Substance Abuse and Mental Health Services Administration). 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 statewide through the HMPs in all nine of Maine's Public Health Districts. Data in year two suggests that Maine has already made great strides in meeting the goals of this grant.

SAMHS has also provided funding to at least one HMP in each public health district to raise awareness regarding Problem Gambling through the "Safe Bet" media campaign and materials. These sites also have a location for motivated persons to complete the self-exclusion paperwork which provides limitations for their return to a casino.

SAMHS has continued to work on other initiatives, including the prevention of mental illness and the promotion of wellness. A rack card and radio ads have been developed with messages to the public such as "we all have mental health and that like physical health, it is important to take care of ourselves". In addition to placing focus on alcohol use during pregnancy and Fetal Alcohol Spectrum Disorders, public education materials have been developed about marijuana and pregnancy and breastfeeding.

Of great importance to the prevention provider community, SAMHS has collaborated with the Maine Association of Substance Abuse Providers (MASAP), AdCare, and the HMPs to create a Prevention Credentialing system in Maine. A prevention credentialing board has been assembled and is in the process of developing this system in Maine. An application to IC&RC (the national credentialing committee of prevention, addiction treatment and recovery professionals) will be submitted by Maine in January 2015 with the aspiration that Maine will have full implementation in 2016.

Immunization Program Successes

Maine CDC's Immunization Program received national recognition by the US CDC's National Center for Immunization and Respiratory Diseases in September 2014 for several notable successes:

- Vaccine Coverage Award for "outstanding achievement" for a 77.3% pneumococcal coverage rate for adults 76 and older (one of only five states)
- Healthy People 2020 Childhood Immunization Coverage Award
- Most Improved Toddler Vaccination Coverage Award
- Outstanding accomplishment for achieving 34.9% coverage for pneumococcal vaccination of high-risk adults age 18-64

Population Health Indicators

The following population health indicators were selected as objectives for the 2014-2017 State Health Improvement Plan, and are measures of the success of our collaborative public health efforts:

- 71% of children ages 19-35 months were fully immunized in 2013 according to US CDC recommendations and the National Immunization Survey. This rate 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 ofvaricella vaccine and 4 doses of PCV, has increased from 39% in 2008.

- 83% of adolescents were immunized for tetanus, diphtheria and pertussis (whooping cough) and 71% were immunized for meningitis in 2013. These rates have increased from 43% and 36% respectively in 2008.

- 61% of Maine children were immunized for influenza in the 2013-14 flu season. The rates for children are slightly down from the 20012-13 flu season and similar to those in the 2009-10 flu season.

- 45% of Maine adults were immunized for influenza in the 2013-14 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 2013, while 29% were obese. These rates are not significantly different from the 2011.

- 13% of Maine high school students were obese in 2013; this is not significantly different from 2009.

- 13% of Maine high school students smoked cigarettes in 2013; this is a reduction from 18% in 2009.

- 20% of Maine adults smoked cigarettes in 2013; down from 23% in 2011.

- The proportion of high school students in Maine who report consuming alcohol in the past month has decreased notably since 2009 (from 32% in 2009 to 26% in 2013.)

- From 2009 to 2013, there has been a decrease in the proportion of high school students who report binge drinking within the past month (from 19% in 2009 to 15% in 2013.)

- 17% 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 2013; this has not changed significantly since 2009.

- Among high school students, the rates for lifetime as well as past month misuse of prescription drugs decreased from 2009 to 2013. Lifetime rate decreased from 18% in 2009 to 12% in 2013. Past month prescription drug misuse among high school students decreased from 9% in 2009 to 6% in 2013.

- In 2012, 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. 2013 data will be available in early 2015.

Summary

The Statewide Coordinating Council for Public Health has demonstrated tremendous growth and accomplishments since its inception in 2008. Improving 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. Each district's goals and strategies are established at the local level, allowing for an individualized plan that can address the specific needs of the regions while aligning with the identified priorities of the State of Maine.