

MAINE STATE LEGISLATURE

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SCC report

Abstract

The Statewide Coordinating Council for Public Health (SCC), established under Title 5 section 12004-G, subsection 14-G is required under Title 22 section 412, subsection 6-F, to report annually to the Joint Standing Committee of Health and Human Services. The report should include progress made toward achieving and maintaining accreditation of the state public health system; and on districtwide and statewide streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of essential public health services. Per the SCC's legislative mandate, the SCC is submitting this report to highlight key activities of Maine's public health infrastructure in 2018. However, the charge of the SCC is also to provide input on the effectiveness and efficiency of Maine's public health system; given concerning trends in health outcomes detailed below, this report also outlines recommendations to strengthen Maine's public health capacities moving forward.

Introduction

The Statewide Coordinating Council is a representative statewide body of public health stakeholders that is charged with collaborative planning and coordination with the Maine Center for Disease Control and Prevention (Maine CDC). In the past year, its members advised the Maine CDC on activities and expenditures related to the Public Health and Health Services Block Grant and collaborated in the development and implementation of the State Health Improvement Plan. SCC membership includes representation from each public health District Coordinating Council (DCC), Tribal Public health councils as well as representatives from other key stakeholder groups —(examples listed below) that fit the requirements for membership found in **MRS 22 Ch 152 §412. Requirements include representation from individuals who are experts in the 10 Essential Public Health Services, health disparities and from diverse geographic locations.**

- Partners for Healthier Communities
- Good Shepherd Food Bank
- Healthy Androscoggin
- UMO, Hutchinson Center
- Healthy Communities of the Capital Area
- Bangor Public Health
- Healthy Acadia
- Aroostook Area Agency on Aging
- Maine CDC
- Office of Substance Abuse & Mental Health Services
- Maine Department of Education
- Department of Environmental Protection
- Maine Health Equity Alliance
- Maine Primary Care Association
- Northern Light Health
- Maine Medical Association
- Penquis Community Action Program
- University of Southern Maine
- Catholic Charities Maine
- Tri County EMS
- New Mainers Public Health Initiative
- MaineHealth
- Tribal Public Health

Historically, the Statewide Coordinating Council was integrally involved in the planning and implementation of the local public health system that exists in Maine. In recent years, the SCC has served as more of an advisory role to Maine CDC.

Public Health Concerns

The SCC is concerned about Mainers' declining health status. In 2007, Maine was the eighth healthiest state in the country; as of 2017, Maine was the 23rd healthiest state (2016 data).¹ Over the same time, funding and staffing for Maine's public health infrastructure saw significant reductions and was routinely restructured, creating a culture of instability in the system at both the state and local levels.

Additionally, over the past seven years, Maine forfeited 1.9 billion dollars in federal resources that support programs that improve public health outcomes.²

What does this mean in terms of actual disease burden? According to the Maine Shared Community Health Needs Assessment:

- Overdose deaths have increased 116% in the past 4 years;
- 17.2% of Maine children are living in poverty;
- Maine has a high rate of smoking, at 19.8% of adults;
- 16.1% of Maine's middle school students have seriously considered suicide,
- 26.9% of Maine's high school students report feeling sad and/or hopeless for at least two weeks in a row;
- Only 52.8% of 13-18 year olds are up-to-date on recommended vaccinations, and
- 16.5% of adults have three or more chronic conditions.³

Restructuring of Public Health Infrastructure

Over the past several years, there have been numerous efforts made to restructure and reduce the amount of funding available for local public health coalitions. This has resulted in decentralizing public health efforts from the state to outside contractors, more administrative layers, and reduced capacity of local communities to address public health concerns. Though there have been small pockets of money set aside for District Coordinating Councils to do public health work, the amount of money is negligible, and the work to go through an RFP process for the funds is more work than the funding justifies. In addition, the original design of the public health districts was to foster collaboration rather than implement public health strategies; the shift towards district-level implementation has not been widely successful.

Loss of Capacity at the Maine CDC

The SCC is concerned about staffing at the Maine CDC. Over the past several years, loss of capacity by attrition has reduced the amount of professional public health staff at the Maine CDC. As an example, the strategic hiring freeze of Public health nurses combined with attrition and a culture of instability led to near elimination of the program and its experienced staff. The Office of Health Equity has been unstaffed for years, which means the state has had no coordinated effort to oversee and address issues of health equity while Maine's health ranking is plummeting.

¹ American Health Rankings (2017), accessed at <https://www.americashealthrankings.org/>

² Maine Center for Economic Policy (2018), Lost Federal Funds: Lost Opportunities for Maine, accessed at <https://www.mecep.org/lost-federal-funds-lost-opportunities-for-maine-executive-summary/>

³ Maine Shared Community Health Needs Assessment (2018), accessed at <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/maine-interactive-health-data.shtml>

Past and Current State of the Statewide Coordinating Council

For several years the SCC has been serving in a more advisory capacity with less focus on collaborating. Over the past year, the SCC has been fortunate to hear about some of the great work that is happening across the state on Adverse Childhood Experiences, the High Intensity Drug Trafficking Areas (HIDTA) Heroin Response Strategy, Maine's Prescription Monitoring Program, and Maine CDC's prevention services, addressing substance use prevention, tobacco use prevention, and physical activity and nutrition promotion. However, this has been in a "report out" format with little opportunity to leverage the expertise in the room for consideration about how to support coordination and collaboration on these efforts for the benefit of all Mainers.

Consequences of Maine's Diminishing Public Health Infrastructure

Though it is not possible to discern causation without further analysis, the current reality is that the lack of a strong public health infrastructure is coinciding with high rates of poor health outcomes that could be prevented through a robust and functioning public health system.

Monitoring of Public Health Activities

Per statute, the SCC is intended to support the Maine CDC with public health accreditation; development and implementation of the State Health Improvement Plan; and planning for the essential public health services and resources to be provided in each district and across the State in the most efficient, effective, and evidence-based manner possible. The following details how the SCC was involved in these activities in 2018.

Accreditation

The Maine CDC was accredited by the Public Health Accreditation Board (PHAB) in May of 2016 and submits annual reports to the PHAB to maintain accreditation. These reports include 1) activities that might influence continued accreditation, 2) the on-going work related to key public health planning documents, 3) performance management and quality improvement activities, and 4) emerging issues. Over the past year, the SCC has reviewed these reports before they submission to PHAB.

State Health Improvement Plan

In late 2017, the SCC assisted the Maine CDC is selecting the current priorities for the SHIP, at the beginning of 2018 SCC members contributed to strategies included in the SHIP, and in December SCC members provided input to progress reporting and received updates on implementation.

SHIP priorities from 2018-2020 include the following topics:

- Cancer
- Chronic Disease
- Healthy Weight
- Mental Health
- Substance Use, including Tobacco

Maine Shared Community Health Needs Assessment

The SCC also received regular reports on the progress of the most recent Maine Shared Community Health Needs Assessment (CHNA) and reviewed the State Health Profile⁴ in September. Many SCC members also attended community forums held across the state in the fall. Ultimately, two hundred indicators were analyzed and included in County, District and State Health Profiles. The indicators included four general types:

1. health status, such as deaths, hospitalizations, and diagnoses of chronic health conditions;
2. health behaviors such as physical activity and nutrition;
3. access to health care such as provider ratios and health screening; and
4. Factors regarding where people live, work, play and learn that influence health.

The data shows that Maine is seeing declines in health and wellbeing in areas that could be addressed by strengthening the public health infrastructure. The SCC would like to use the Shared CHNA data to update the SHIP and to inform areas of needed action to strengthen the public health infrastructure.

Effective and Efficient District Public Health Infrastructure

The Statewide Coordinating Council is tasked with working with the Maine CDC, and other partners to make Maine's public health infrastructure effective and evidence-based. In 2018, the SCC continued oversight of district public health infrastructure by reviewing the activities of District Coordinating Councils (DCC) on a quarterly basis.

Additionally, the SCC received regular updates on the Public Health and Health Services Block Grant as part of its advisory role. In March, the SCC voted to approve Maine CDC's plan for this funding, based on preliminary information on the federal allocation. In June, the SCC voted on a revised plan that accounted for a 10% increase in the funding, based on the actual allocation announced in early June. This funding includes support for:

1. Accreditation activities;
2. Community-based prevention activities reflected in the District Public Health Improvement Plans;
3. Epidemiological services, to support the collections and analysis of public health data, such as that used in the Maine Shared CHNA;
4. Social Media to help connect substance using pregnant women with treatment services, and
5. Sexual violence prevention education.

Conclusion

The SCC has been functioning at a limited capacity for several years and has not been fully leveraged to fulfill its duties, outlined in Maine law, to best inform, serve, and protect Mainers from preventable illness. In the next year, the SCC looks forward to a stronger collaboration with the Maine CDC so we can use the expertise in the room and at the Maine CDC to rebuild Maine's public health infrastructure and improve the health and wellbeing of all Maine people.

⁴ Maine CDC (2018), Shared Community Health Needs Assessment, accessed at <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/health-profiles.shtml>