

MAINE STATE LEGISLATURE

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Statewide Coordinating Council for Public Health

Annual Report to the Legislature, 2020

Introduction

The Statewide Coordinating Council for Public Health (SCC) (established under Title 5 M.R.S. § 12004-G(14-G) (2009)), is required to report annually to the Joint Standing Committee of Health and Human Services (22 M.R.S. § 412(6-F) (2011)). Per the SCC's legislative mandate, this report reviews the council's work throughout 2020, which includes efforts to maintain accreditation for the Maine Center for Disease Control and Prevention (Maine CDC), district and statewide streamlining, and other strategies leading to improved efficiencies and effectiveness in the delivery of essential public health services (EPHS).

The SCC is a representative body of public health stakeholders from across the State that is charged with collaborative planning and coordination with the Maine CDC. SCC membership includes representation from each public health District Coordinating Council (DCC), the Tribal Public Health Council, and representatives from other key stakeholder groups that fit the requirements for membership found in 22 M.R.S § (412)(6)(B) (2017). Membership requirements include experts in the ten EPHS, representation of populations with health disparities, and representatives from diverse geographic locations. There are currently 23 voting members (Attachment A) and a variety of interested parties in general attendance. James Markiewicz, Associate Director for Public Health Systems, represents Maine CDC as Director Shah's designee on the SCC.

Public Health Infrastructure

Public Health efforts in Maine are led by the Maine CDC, an Agency of the Department of Health and Human Services. The state is geographically divided into eight Public Health Districts¹ (Districts) that represent one or more counties. The Districts were created based on both square miles and population criteria. Together, the five federally recognized Tribes make up a ninth Public Health District, which serves all Tribal members in Maine.

In addition to the nine Districts, each municipality in Maine has a Local Health Officer, and two municipalities (Portland and Bangor) each have a public health department. Maine CDC also collaborates with other state agencies and departments, contracts with community-based organizations, universities, health systems, and other private organizations to partner in delivering the ten EPHS.

¹ A complete list of Maine's Public Health Districts is published online and can be found here: https://www.maine.gov/dhhs/mecdc/public-health-systems/scc/images/dhhs-districts_020618.jpg

Overview of SCC Activities

During 2020, the SCC maintained its quarterly meeting schedule except for March, when most Maine CDC members were mobilized to address the COVID-19 pandemic.

At the June meeting, the SCC began planning for the Statewide Public Health Systems Assessment and had a facilitated conversation around COVID-19, including brainstorming opportunities for improvement to the public health response. Out of that conversation, SCC members identified shared concern around the following topics: 1) racial disparities related to COVID-19, 2) consistent and accurate public health messaging getting to all community members, 3) youth mental health and education, 4) food insecurity increasing, 5) the opioid epidemic and continuing to meet the needs of people with substance use disorder or in recovery, 6) transportation barriers increasing due to COVID-19, and 7) older adults lacking basic needs and social interaction.

The SCC identified emerging opportunities that could be expanded to improve public health in the face of the pandemic, including but not limited to:

- Supporting the work of organizations that serve Black, Indigenous, and People of Color and finding ways to incorporate their perspective into all public health efforts.
- Telehealth, especially for medication assisted treatment, behavioral health, rural Mainers, and people that have challenges getting culturally competent care.
- Low-barrier Medication Assisted Treatment (MAT) administration.
- Access to broadband for telehealth, telecommuting, education, and social connection.
- Supporting more local public health infrastructure to help organizations create public health-informed plans for managing the pandemic, as some communities have had volunteer coronavirus task forces emerge to fill this role.
- Reducing silos between Emergency Management Agencies, Emergency Medical Services, and public health.
- Involving the Maine CDC as a partner to food security organizations and providing culturally appropriate food.
- Helplines and resources for communities that can exist beyond COVID-19.
- Partnerships between school nurses, the Maine Responds volunteer corps, and public health nursing.
- Collaboration around health education with faith communities.
- Keeping the COVID-19 changes to the MaineCare application process so the process is streamlined and efficient moving forward.

In September, the SCC received a COVID-19 vaccine update from Maine CDC Director Dr. Shah. The SCC and the Maine CDC agreed to partner on a survey to ascertain challenges and opportunities for distributing a COVID-19 vaccine. The SCC administered the survey in November and shared the results of the survey with the Maine CDC in December for internal planning purposes. Also, at the September meeting, the SCC had a robust discussion about the Statewide Public Health Systems Assessment process, expressing the concern that the processes for collecting data and information may not sufficiently represent those populations with health

disparities. The Maine CDC shared information about how groups with health disparities can get involved in various public health assessment planning processes, and the SCC voted to convene an ad-hoc committee to consider how to promote a process of inclusion for all populations especially those with health disparities to be more involved in state and district health assessments. This meeting has yet to be convened as of December.

The December meeting provided an opportunity for SCC members to provide input on Maine's public health infrastructure through a facilitated conversation planned in partnership with the Maine Public Health Association. The idea behind this discussion was to get SCC feedback for MPHA, as well as provide valuable insight that could be used to support the Statewide Public Health Systems Assessment, which was scheduled to happen in 2020 but has been delayed due to the pandemic. SCC members highlighted the need for more support for local public health infrastructure as well as how partners who already had relationships with other community members were able to quickly pivot to address pandemic needs, among other highlights. The Maine Public Health Association captured this discussion in a survey tool that they will be using for planning around future public health efforts.

Throughout the year, the SCC serves as the required advisory committee for the Preventive Health and Health Services Block Grant, approving the annual workplan and any revision necessary to fill newly identified needs. This \$1.5 million annual grant provides flexible funding to address unique preventative health needs in the state and must be linked to Healthy People 2020 objectives. Maine CDC has aligned this funding with the maintenance of our public health accreditation.

For each quarterly meeting, the SCC received reports from Maine's nine District Coordinating Councils (DCC). These reports provide a review of decisions and outcomes from DCC meetings and Executive Committee discussions held between SCC meetings, review ongoing or upcoming projects or priority issues within the district, demonstrate progress with the District Public Health Improvement Plan (DPHIP), report structural and operational changes (including updates in membership), share in-district or multi-district collaborations, and provide the SCC with any other topics of interest.

Re-Accreditation

Maine CDC continues to maintain its accreditation in good standing and had begun to prepare for reaccreditation in 2021 prior to the COVID pandemic. Maine CDC shares its annual report² to the Public Health Accreditation Board (PHAB) with the SCC. An extension was granted by PHAB for the 2020 report, which was submitted in September and October, and shared at the December meeting. The SCC has supported the Maine CDC's Accreditation efforts via their support of Preventive Health and Health Services Block Grant. In reviewing block grant activities, the SCC has traditionally supported Maine CDC's efforts towards the Shared Community Health Needs Assessment (CHNA), the implementation of the State Health Improvement Plan, performance improvement activities, and workforce development activities.

² Maine CDC Annual Accreditation reports are published online and can be found here: <https://www.maine.gov/dhhs/mecdc/public-health-systems/scc/reports.shtml>

This year, because of COVID-19, the Maine CDC has not been able to focus as much on these activities and, as such, there has not been a need for the SCC to provide input on this front; however, planning for the next Shared CHNA has moved forward.

Shared Community Health Needs Assessment

In 2010, the SCC formed a sub-committee to look at streamlining state and county health needs assessments. Accreditation requirements also include the need for a state health assessment every five years, and non-profit hospitals are required to conduct a needs assessment every three years. Out of this subcommittee, the Shared CHNA has emerged and plans are in progress for the fourth iteration.

During 2021, over 200 indicators in the areas of health status and outcomes, health behaviors, demographics and social determinants of health will be analyzed for state, public health district, and county estimates, trends and health disparities. The resulting health profiles will be shared with stakeholders and the public. In addition to community forums that will be held in every county in the state, discussion is underway with representatives of populations and communities who have traditionally had barriers to participation and less representation at broad community forums. During all community engagement, the data will be presented and discussed, participants will vote on priority issues and community assets and gaps will be identified. Final reports for each county and for the state are expected to be released in 2022. In the last round of the Shared CHNA, various District and State Coordinating Council members were active in the community engagement phase of the assessment and the SCC was presented with results in March 2019.

The full reports and an interactive website are available at www.mainechna.org.

State Health Improvement Plan Overview

Prior to 2020, the SCC had also been collaborating on implementation of the State Health Improvement Plan³ (SHIP), a report which is a significant requirement for accreditation. Due to COVID-19, the Maine CDC has placed the development of our next SHIP on hold.

State and Local Public Health Systems Assessments

In December 2019, the SCC committed to being a lead partner in the 2020 State Public Health Systems Assessment (SPHSA). This process, last completed by Maine CDC and partners in 2010, examines the capacity of the state public health system using an evidence-based, nationally consistent instrument (National Public Health Performance Standards). The SPHSA Committee was formed from members of the SCC, community members, and a subset of district liaisons. This committee has met monthly since January 2020 to plan the SPHSA for September 2020. Planning included the logistics for the face-to-face meeting, understanding the level of state

³ The full State Health Improvement Plan report is published online and can be found here: <https://www.maine.gov/dhhs/mecdc/ship/>

partners to invite as participants, and cross-referencing sectors and appropriate participants to the specific standard. Due to COVID-19, all face-to-face gatherings and events have been postponed so the September SPHSA was postponed. The committee continues to meet to review how to transform this type of assessment from face-to-face to virtual as well as consider the recent revisions to the ten essential public health services and how this might impact the assessment tool.

Each of the eight geographical public health districts is also engaging in a Local Public Health System Assessment (LPHSA). District committee were formed to review the instrument and determine logistics for these face-to-face events. A facilitation and recording team formed to provide the necessary facilitation of the instrument, which also includes a SWOT analysis. The timeline for these two- or three-day events per district were set to start in February 2020 and end in June 2020. COVID-19 actions diverted staff and energy away from this assessment. Some of the districts were able to get one or two of their meetings started while other districts completed none. As soon as COVID-19 activities start decreasing, these assessments will be restarted. Information from these assessments will help to identify strengths and gaps in the ability of Maine CDC, and its many partners, to effectively deliver the ten EPHS at the district and county level.

The SPHSA includes all public, private, and voluntary entities that contribute to the public health system at the state level. It must be clear that state level partners are different than community or district partners. Typical examples of the partners coming to the SPHSA are state level departments and agencies, hospital systems, statewide advocacy organizations, and federal partners. These systems are a network of entities with differing roles, relationships, and interactions. The purpose of this assessment is to enhance our understanding of the State’s public health system, improve the system’s performance, build relationships within the public health system, foster interest and awareness in performance improvement, and identify strengths and gaps to inform the development of an improvement plan.

The LPHSA focuses on the local public health system or all entities that contribute to public health services within a community (municipal, county, district). Maine CDC, in collaboration with District Coordinating Councils, started to convene LPHSAs in early 2020 to identify gaps and opportunities which will inform a District Public Health Systems Improvement Plan (DPHSIP). Building on each DCCs strengths while meeting their legislative charge to coordinate and improve the delivery of the ten EPHS in Maine’s Public Health Districts this year’s assessment work aims to improve Maine’s local public health systems and infrastructure.

As of April 2020, here is the status of the LPHSA per district:

District	Status of LPHSA
Aroostook	Not started
Central	Not started
Cumberland	One of Three Meetings Completed
Downeast	Not started
Midcoast	Not started

Penquis	One of Two Meetings Completed
Western	One of Three Meetings Completed
York	One of Two Meetings Completed

Because of COVID-19, the Maine CDC officially put the SPHSA on hold. A subgroup working on this effort, including several SCC members, continued to meet after determining this is an important effort to continue – especially in the face of the pandemic which is highlighting the gaps and opportunities in our public health system. The major concern that arose was that lack of capacity among partners in Maine’s current infrastructure could inadvertently leave out key perspectives necessary to provide meaningful feedback on the status of our public health system in this assessment. This conversation was the impetus for partnering with the Maine Public Health Association at the December SCC meeting to combine efforts to begin to understand what a public health system in Maine would need to be truly equitable and successful at providing all Mainers with essential public health services.

Conclusion

Through its diverse membership, the SCC provides Maine CDC with important perspective on public health programmatic efficiencies, delivery impacts, methods for assessment, and opportunities for improvement. In the face of the COVID pandemic, the SCC has focused our work on providing valuable insight and identifying opportunities for the Maine CDC to partner most effectively with public health entities across the state to address our growing public health challenges. Naturally, managing the dramatic impact of the pandemic has been the Maine CDC’s priority, which caused a reduction of the agency’s involvement in the SCC compared to previous years.

Previously identified health inequities across the State have been exacerbated during Maine’s pandemic response. The SCC has drawn attention to the severity of Maine’s public health inequities and expressed concern about the capacity to address them adequately at the current levels of funding and staffing in prior reports. It is our hope that this report, in the face a pandemic that is causing ripple effects of harm to public health, will open the door for further conversations between the SCC, Maine’s public health community, and the Joint Standing Committee on Health and Human Services with regards to how we can better support the Maine CDC to meet the challenge of the pandemic and not lose ground on other public health priorities as detailed in this report.