

**Maine Turning Point
Public Health Improvement Plan**

July 30, 2001

Forward

The Public Health Improvement Plan (PHIP) for Maine is the result of discussions and activities that took place from June 1999 through June 2001. Not all participants agree with all findings and recommendations. A significant challenge in publishing a document such as this, is attempting to document the status of the discussion at a specific point in time, when in-fact the discussion continues.

The PHIP describes a vision to be accomplished over the next 10 years and as the status of public health “on the ground” changes, the PHIP will need to be revised and updated. It is our hope that the dialogue that began with Maine Turning Point and resulted in the PHIP will continue. Implementation and undertaking changes described herein, as well as the revised vision that is bound to emerge in the years ahead, is and will always be the responsibility of a wide range of individuals, organizations, and government agencies.

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¹ All items appearing in Section II and the Appendices may be obtained at <http://www.mcph.org/reports.html>

Executive Summary

Maine Turning Point (MTP) is a public health planning project convened by Maine Center for Public Health, Medical Care Development, Maine Department of Human Services (DHS) Bureau of Health and other partners. The planning grant began late in 1999 and ends in 2001 with publication of this Public Health Improvement Plan (PHIP). This document represents the output of a planning process that continues – the recommendations are by no means accomplished, and for many strategies, capacity to implement them may not currently exist. However, over the next 10 years, it is hoped that capacity may be developed. The PHIP gives us a road map in 2001 as to where the public health community in Maine would *like* to go over the next 10 years.

Maine is one of three states that does not have a consistent sub-state system for delivery of public health services. We do have the fourth highest rate of deaths from cardiovascular disease and one of the country's highest rates of teen smoking. MTP participants have concluded that these facts are not un-related. Many communities in Maine lack the ability to locally identify and locally meet the challenge of public health threats from behavioral risk factors to mental health and environmental concerns. The lack of public health infrastructure contributes to Maine's current inability to meet public health obligations.

In 1988 the Institute of Medicine (IOM) published a sentinel report that outlined the role of federal, state, and local government in public health. The report also described the role and variety of local organizations that are key participants in the provision of public health services. *The substance of public health is organized community efforts aimed at the prevention of disease and the promotion of health* (IOM). Thus the MTP discussions began with the IOM reports and definitions, along with the World Health Organization's definition of health:

“A state of complete well-being, physical, social and mental, not merely the absence of disease or infirmity.”

The IOM assigns to government the responsibility for assessment, policy development, and assurance. In Maine, in the absence of county or municipal health departments, it is necessary for State agencies to undertake these responsibilities in cooperation with local organizations. However, the responsibility for providing the guidance and means necessary to carryout these functions lies with the State. In addition to these functions, the IOM identified unique responsibilities for various levels of government. States, for example, are charged with establishing statewide health objectives, providing a guarantee of a minimum set of essential public health services, and support of local service capacity, especially when disparities in local ability to raise revenue and or administer programs require subsidies, technical assistance, or direct action by the state to achieve adequate service levels.

Though MTP was designed as a planning project, our mission is to support communities in creating and sustaining coordinated delivery of public health services. “Public” in this context refers to programs and services that address *populations*. It is not a reference to state, county, or municipal government. Our recommendations address needed actions at the state and local levels but are not intended exclusively for, indeed, are only occasionally intended for government entities. The Maine Public Health Improvement Plan outlines our process, findings, and recommendations for improving the public's health.

Process

The work of Maine Turning Point was conducted by a 42 member Steering Committee and several Work Groups.

The 42 Members of the Steering Committee represent public health, academia, businesses, legislators, Maine Department of Human Services and Department of Mental Health/Mental Retardation/Substance Abuse Services, Healthy Community Coalitions, tribal health organizations, communities of color, women's health organizations, rural health organizations, family planning organizations, hospitals, health plans, and others. A full list of Steering Committee members is located in Appendix A.

Work Groups focused on the following areas: Communication, Finance, Infrastructure, Public Health in the Context of Clinical Care, Workforce and Training. Each group reviewed best practices, national data, and the literature for their subject area. When needed they conducted original research in order to assess the situation in Maine. Finally, they published draft findings and recommendations for consideration by the Steering Committee and the more than 175 MTP Partners.

One of our research efforts was to sponsor a Public Health Opinion Poll. The poll was conducted by Baker, Newman, & Noyes in February and March 2000. Survey questions were designed to track with those used in other polls conducted at the national level by PEW and the Harris Company. Maine voters (606 responded to the poll) clearly stated that they value public health services and that they would be willing to pay higher taxes or fees to pay for these services. Respondents didn't necessarily know how to define "public health" but they certainly were aware of and supportive of the programs and services that comprise public health.

An additional outreach and information gathering effort was MTP's collaboration with community-based organizations to host Community Roundtable Dialogues. These dialogues took place in 18 communities and 14 of Maine's 16 counties. Of the 18, two of the groups were attended by teens, six consisted of a variety of public health service providers, and nine were primarily composed of residents of the host community. The messages from the dialogue participants were very clear.

They want:

- state government to have a bigger role in fostering and funding the ability of each community to respond to local needs;
- the community's feedback to be used in shaping local and state policy; and
- a strong public health system to provide a framework for building healthier communities

Summary Recommendations

1. Goals and Indicators: Strengthen the process of developing and monitoring public health goals in Maine, especially at the local level.
2. Public Health Infrastructure: Establish and or strengthen community coalitions in Health Districts in Maine.
3. Health Care System: Increase the financing and provision of activities across all three levels of prevention provided by Maine's health care professionals and institutions.
4. Public Health Workforce: Strengthen Maine's public health workforce through education and training programs.

5. Information Systems: Develop a health information system that facilitates community-level planning, monitoring, evaluation, and education throughout Maine.
6. Effectiveness: Assure that public health interventions in Maine are based upon evidence-based research confirming their efficacy.
7. State-Level Coordination and Collaboration: Enhance coordination and collaboration among state agencies and non-governmental organizations committed to public health goals in Maine.

MTP Priority Recommendation

Establish and or strengthen community coalitions in Health Districts in Maine.

Components and Functions

1. Create rational local health districts that cover the entire state
 - a. Convene local public health service providers and concerned citizens to develop community Health Coalitions that will assure provision of the 10 Essential Public Health Services;
 - b. Coordinate local public health needs assessments, data collection, and health planning activities in cooperation with state agencies;
 - c. Work with local participants to design, develop, and evaluate local public health policies and services in cooperation with state agencies;
 - d. Research and provide technical assistance to service providing agencies to write public and private sector applications for grant and contract funding;
 - e. Facilitate communication among local partners to reduce duplication and improve cooperation among local service providers in cooperation with state agencies;
 - f. Provide technical assistance to local service providers and partners;
 - g. Facilitate local understanding of and access to state and federal policies and funding for categorical programs and services;
 - h. Mobilize community partners to inform, educate, and empower people to make healthy choices personally and about health issues generally.
2. Develop Medical Officer position in each Health District: (three functions)

Respond to emerging infectious diseases; promote best practices in clinical community; increase physician participation in community-based public health activities²

Maine Turning Point believes that the designation and utilization of “Health Districts” will create a foundation upon which local public health services may be built and around which existing services may be coordinated. The annual cost would be approximately \$125,000 per Health District. The benefits of such an infrastructure include improved coordination of services at local level, reduced duplication, enhanced availability and quality of services, and greater likelihood of programs developed to meet local needs.

² Please see the Report from the Work Group on Public Health and Clinical Care for important notes regarding the role and function of this position, as well as more details on the overall proposal and potential for implementation.

Preface

Background

Maine Turning Point (MTP) is one of 21 state level Turning Point projects across the nation funded by the Robert Wood Johnson Foundation.

Challenges

One of the first and immediate challenges facing MTP was to assure meaningful participation of local health partners in a statewide process. We are pleased to report that among our 175 MTP Partners there are representatives from all 16 Maine counties as well as a healthy mix of rural, urban, coastal, inland, mountain, Indian, and French-Canadian Mainers. In addition, there are community-based organizations involved in each of our committees and workgroups. The 20 Healthy Community Coalitions (HCCs) in Maine have been key collaborators

The Impact of Tobacco Settlement Funds and Blue Ribbon Commission on Health Care

There were three significant and unpredictable external events that posed challenges to our planning process. The first was the timing of the delivery and allocations from the tobacco settlement funds. The second was the Governor's growing interest in health promotion and disease prevention. The Governor appointed a Blue Ribbon Commission on Health Care in January of 2000. In October 2000 the Governor hosted a large Prevention Summit. The Commission submitted its' report, which included significant support for increased public health investment as a long term way to reduce health care costs, to the Governor in November 2000. In January of 2001 the Governor submitted a budget that proposed significant cuts to spending on public health programs as part of his effort to address a \$300 million budget deficit. Significant policy education efforts by the organizations funded with tobacco settlement funds resulted in the cuts being limited to 8%. However, these concurrent and linked events created an unavoidably politicized environment in which we conducted our work.

The Plan

The Public Health Improvement Plan (PHIP) is an outline of the issues, challenges, and recommended steps for improvements to be undertaken over the next ten years. Some recommendations respond to immediate needs and implementation is already underway. Other steps cannot take place until certain other changes occur. Many of the recommendations will have the most impact if implemented within the next five years. The PHIP calls for a broad range of action steps to be undertaken by local communities, state leaders, policy makers, and a wide range of other individuals and organizations. The PHIP is being published in July 2001. The plan is not expected to be a static document, however. Several groups and organizations are already working to put into place many of the recommended changes. The plan can and should evolve as progress is made toward implementation.

Your Challenge

Systems change is an inherently incremental process. If Maine is to foster a better life for it's residents, if we are to live up to our slogan "The Way Life Should Be" then it is essential to foster changes in the public health system that will support improved health and well-being for all Maine residents. This document outlines changes that will help us accomplish this goal. It is up to each Maine person, organization, and leader (elected and otherwise), to take the steps necessary to improve the public's health in Maine.