

**EXCERPTED FROM
MAINE STATE HEALTH PLAN 2007
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BUILDING NEEDED INFRASTRUCTURE – PUBLIC HEALTH IN MAINE

Taking the long journey to make Maine the healthiest state requires an organized public health infrastructure that is strategic and reliable across Maine. A well developed and organized infrastructure is intimately related to our ability to achieve our goal of ensuring that all Mainers have access to affordable, quality care that will help individuals maximize their personal health status and productivity.

First, it's important to be clear about what we mean when we use the term "public health." What public health boils down to is the work of ensuring that all communities are healthy places in which to live, work and play. There are ten core functions that make up public health – these are referred to as the "ten essential public health services." They include: ⁱ

- Monitoring health status to identify problems at the community or population level (as opposed to on a person-by-person level);
- Diagnosis and investigation of health problems and health hazards in the community;
- Informing, educating and empowering people about health issues;
- Mobilizing community partnerships to identify and resolve health problems;
- Developing policies and plans that support individual and community health efforts;
- Enforcing laws and rules that protect health and ensure safety;
- Linking people to needed personal health services and assure the provision of health care when it is otherwise unavailable;
- Assuring there is a competent public health and health care workforce;
- Evaluating the effectiveness, accessibility and quality of person and population-based health services; and
- Researching new insights and innovative solutions to health challenges.

When you consider all of these core functions, it becomes apparent that there are a wide range of volunteers, agencies and organizations in Maine that are involved in public health activities, many of which you might not readily identify as a "health" agency. For instance, the State Department of Environmental Protection – which is charged with safeguarding the quality of our air and water and for protecting us from environmental hazards that might jeopardize Mainers' health – is a part of the public health team, and the programs and policies that agency oversees are related to public health. Similarly, state programs related to occupational safety, the enforcement of food handling standards in our restaurants or even the enforcement of Maine's seatbelt laws are all part and parcel of public health in this state.

This is not to say that public health is strictly the business of state government. In fact, Maine is somewhat unusual in that much of the work of public health is *not* carried out by State government, but by local, private sector partners. Maine's public health strengths lie in the dedicated people – paid professionals and volunteers – across the state working tirelessly to improve the health of their communities. Some of those who are dedicated to public health work as part of a local organization such as a hospital, school, Healthy Maine Partnership or healthy community coalition, while others work as part of a statewide organization such as the Coalition on Smoking or Health, the American Lung Association of Maine, or the American Cancer Society. Maine's commitment to spend its share of the National Tobacco Settlement (Fund for a Healthy Maine) on tobacco prevention and other public health strategies reflects the strength of Maine's commitment to public health and its dedicated public health community. As a result of these and other prior efforts, Maine has made marked progress in reducing youth smoking, infant mortality, and teen pregnancy.

Despite these commendable achievements, the State can do more to assure a more organized statewide system of public health. Currently, the State distributes public health funding in many streams, according to the specific content area the funds are intended to address. This is often in response to Federal funding requirements. As a result, Maine DHHS distributes over 550 separate grants to sub-state organizations for public health activities. These grants each require administrative and reporting capacity to assure accountability. However, recently the public health community across the state has been working to identify ways to use these funding streams to build a more coordinated system for public health. The Legislature's Joint Committee on Health and Human Services has also expressed its support for strengthening the system of community health coalitions.

To expand Maine's public health infrastructure, we need to build upon the strengths of Maine's public health community, within the limits of available financial resources. To discern the best path forward, the Governor's Office of Health Policy and Finance and the Maine Network of Healthy Communities with the Maine Department of Health and Human Services Offices of Public Health and Substance Abuse, formed the Public Health Work Group. The Public Health Work Group comprises 26 members including representatives from the Governor's Advisory Council on Health Systems Development, the Maine Public Health Association, the Maine Association of Substance Abuse Providers, Maine Network of Healthy Communities, Community Partnerships for a Healthy Maine, the Cities of Portland and Bangor, the Maine Medical Association, Communities for Children and Youth, Maine Center for Public Health, University of New England, the Maine Hospital Association, Maine Primary Care Association, the Heart, Lung and Cancer Associations, Healthy Maine Partnerships, the Maine Municipal Association, the Department of Education and representatives of the Legislature's Health and Human Services Committee.

The Plan incorporates the recommendations emerging from this collaborative process, including a set of recommendations designed to improve coordination of existing fiscal

resources, to use the strengths in Maine's existing network of public health organizations and community coalitions in order to build a statewide system of organizations and comprehensive community coalitions. Like an effective transportation system, this system will build upon existing local roads to assure their interconnectivity and access to major highways.

- Additionally, the Public Health Work Group proposes a process using local, regional and state public health infrastructure to identify and assure the delivery of all ten essential public health services in each area of the state. This step will be pivotal to Maine's achieving its goal of having an identifiable statewide public health infrastructure that has capacity to address a myriad of current and future threats to the public's health. While no one organization necessarily needs to deliver each and every one of the ten essential services, we need to build a system that assures each service is addressed in all areas of the state and one that has clear lines of responsibility, accountability and communication.

Objectives for the Work of the Public Health Work Group

The Public Health Work Group will serve as the primary vehicle for ensuring the integrity of Maine's local public health infrastructure. To that end, there is a great deal of difficult work to be done. The objectives of this work include:

- **Implement a Statewide Community-Based Public Health Infrastructure that Works Hand-in-Hand with the Personal Healthcare System** – Maine will develop a system with community coalitions and sub-state health departments that results in effective partnerships with local and State organizations to assure delivery of the 10 essential public health services. This will include evaluation of organizations and coalitions with performance standards as well as coordinated State contracting and State oversight.
- **Assurance of Coordinated Funding for Sub-State and Local Entities** – Maine DHHS will develop a plan and issue an RFP for 2007 that braids public health resources together that will provide incentives to meaningful community-level collaboration to most effectively reach highest-risk populations, that will provide for more efficient program administration and help assure the essential services of public health are delivered across the State.
- **Streamlining of Reporting Requirements for Maine HHS Grantees** – Maine Center for Disease Control and Prevention and the Maine Office of Substance Abuse (OSA) will establish one-stop web-based reporting tools to simplify data and administrative reporting requirements for grantees.
- **Improvement of Sub-State and Local Public Health Assistance** – Maine DHHS technical assistance for community-based organizations will be more mutually-beneficial.

- **Development of a Conduit for the State Health Plan** – The community-based public health infrastructure will determine the flow of information and resources pertaining to the State Health Plan.
- **Initiation of Action with Federal Agencies and National Foundations to Improve and Increase Funding for Public Health in Maine** – We will invite federal agencies to discuss how they can assist us in achieving Maine’s goals, including streamlining complex processes at the federal level. We will seek additional support from national foundations. Additionally, we will support the Federal Youth Coordination Act, now pending in Congress, that will assure coordination of funding to states to best meet our unique systems and goals.
- **Improvement of Maine’s Public Health Workforce Capacity** – Accessible education programs will be developed that lead to a standardized credentialing for community health and prevention specialists.

Emergency Preparedness

At this time in our history, it is particularly important to give attention to the strengthening of our public health infrastructure. Since 9/11 Maine, along with other states, has been made more aware of the need to prepare for all types of public health emergencies. An essential aspect of the mission of public health is to ensure coordinated services during public health emergencies to reduce death and injury. Additionally, public health must also assist in damage assessment and the restoration of essential health and medical services in an area impacted by an emergency situation. Public health must also coordinate action to be taken during any type of event that adversely affects the health of the people of Maine. While the likelihood of Maine experiencing a terrorist attack or a devastating earthquake is relatively low, we are likely to experience the impact of pandemic influenza. We need to work to ensure that we are ready to deal with that eventuality.

For the better part of the past two years, hospitals, first responders, nursing facilities, health centers, schools and others have been collaborating with state officials on the development of plans for the medical response to a large public health emergency. Substantial progress has been made in this arena, and the work will continue, directed by the Maine Center for Disease Control. Once these plans are completed they will be incorporated, by reference, into this State Health Plan.

While the emergency preparedness planning centers focus primarily around the management of a public health emergency, we must also be cognizant of the impact other policies – such as those related to Certificate of Need priorities – might have on our ability to respond to health threats. The formal involvement of the Maine Center for Disease Control and Prevention in both the establishment of CON priorities and in the impact assessments of CON applications, is intended to ensure that these policies are administered in a way that complements our emergency preparedness capabilities and plans.

Importantly, it is simply not possible to do a credible job responding to a significant public health threat without a strong public health infrastructure – making our efforts in this areas that much more important.

How will this work help make Maine the healthiest state?

This work will impact our ability as a state to achieve improvements in our health status, as a result of more effective primary prevention and early intervention initiatives being successfully implemented across the state. Long range markers of success in this area will be reflected in improvements in benchmarks of our population's health status such as decline in the rates of risky behaviors including, but not limited to, tobacco use, alcohol and substance abuse, lack of physical activity, poor eating habits, and so on.

In the shorter term, success in building our public health infrastructure will be measured by the extent to which every Maine community receives a similar level of public health services, demonstration of administrative efficiencies in the State's grants programs to local Healthy Maine Partnerships and Healthy Community Coalitions, as well as by development of policies designed to implement credentialing standards for public health, which will help strengthen Maine's public health workforce.

Tasks/Deadlines/Responsibilities

- The Governor's Office of Health Policy and Finance will reconvene the Public Health Work Group to establish an agenda for action to accomplish the tasks included in the State Health Plan – February 2006
- The Public Health Work Group will form "Core Competencies Subcommittee," which will develop core competencies, functions and performance standards system for comprehensive community health coalitions. Recommendations will be reported out to the Public Health Work Group, the Governor's Advisory Council on Health Systems Development and to the Legislature's Joint Standing Committee on Health and Human Services – August 2006
- The Public Health Work Group will also form an Interdepartmental Subcommittee which will include representatives of Communities for Children and Youth, the Governor's Office of Health Policy and Finance, DHHS including the Maine CDC and OSA, as well as the Departments of Education, Labor and Corrections, Conservation and Transportation. This subcommittee will develop an inventory of resources as well as a plan for the integration of funding sources to support the public health priorities and functions identified by this Plan. The Interdepartmental Subcommittee will provide a report on its work to the Public Health Work Group, the Governor's Advisory Council on Health Systems Development and to the Legislature's Joint Standing Committee on Health and Human Services – October 2006

- Maine DHHS will make recommendations to the Public Health Work Group on what core functions and deliverables can be supported with existing categorical resources, including through braided together funding – November 2006
- Public Health Work Group will make recommendations on service areas for braided public health funding to help achieve administrative and programmatic efficiencies, improve health outcomes, and preserve existing appropriate community-based capacity – November 2006
- Maine DHHS will implement joint reporting requirements and system for OSA and HMP grantees – September 2006
- Maine DHHS will complete building linkages to the University System to provide local partnering organizations with enhanced resource availability – September 2006
- The Public Health Workgroup will develop and implement plans for conduits for the multi-directional flow of information, resources, and feedback regarding the State Health Plan – September 2006
- The Public Health Work Group will write report on interim progress and disseminate to stakeholders, including Legislature's Joint Standing Committee on Health and Human Services Committee of the Legislature and the Governor's Advisory Council on Health Systems Development – September 2006
- The Governor's Office of Health Policy and Finance will convene a meeting with federal agencies to include Maine public health leaders (Public Health Workgroup plus State leaders) -- to discuss how they can work together to achieve Maine's goals – September 2006
- Maine DHHS, in consultation with the Public Health Work Group and other appropriate stakeholders, will develop collaboration strategies for communities and state agencies for upcoming WIC, HIV/STD, substance abuse, and home visiting requests for proposals to assure continued improvements in public health infrastructure and community public health capacity – December 2006
- Maine DHHS will work with the Public Health Workgroup to determine how State public health technical assistance for community-based organizations can be more mutually beneficial – December 2006
- Regional epidemiologists are co-located with Public Health Nurses and Health Inspectors – January 2007
- The Public Health Work Group will make recommendations for developing and implementing a training and education program leading to prevention specialist credentialing – January 2007
- The Public Health Work Group will report to the Governor's Advisory Council on Health Systems Development and to the Legislature's Joint Standing Committee on

Health and Human Services on any actions taken with regard to the core competencies, functions and performance for comprehensive community health coalitions, the resource inventory and the integration of funding sources. This report will include identification of administrative units and regions of the purposes of administration, funding and the effective and efficient delivery of public health services – January 2007

- Joint Healthy Maine Partnership (HMP) - Office of Substance Abuse (OSA) request for proposals released and contracts awarded that address tobacco, physical activity, nutrition, and substance abuse goals. These funds will primarily address these specific health outcomes; will also strive to improve public health infrastructure and capacity statewide for community health coalitions and sub-state public health departments – June 2007
- Public Health Work Group will continue to monitor and report on progress and advise the State Health Plan and others – on-going
- The Governor's Office of Health Policy and Finance and other state officials will work with Maine's Congressional delegation to encourage the enactment of the Federal Youth Development Act – on-going