

State Coordinating Council for Public Health Annual Report 2019

I. 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 2019, 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), Tribal Public Health Councils, 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.

This report was completed at the end of 2019, prior to the COVID-19 pandemic.

II. Public Health Infrastructure

Public Health efforts in Maine are led by the Maine CDC, an Office of the Department of Health and Human Services. The state is geographically divided into eight Public Health Districts¹ (District) 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.

III. Overview of SCC Activities

During 2019, the SCC maintained its quarterly meeting schedule with the exception of June when the majority of members were needed to address the refugee situation in Southern Maine. At the March meeting, members welcomed DHHS Commissioner Jeanne Lambrew for a

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

roundtable discussion. In September, the new Maine CDC Director, Nirav Shah, presented his vision for the agency and answered member questions. Director Shah noted that over the past several years the CDC had lost over 100 positions and getting the agency to capacity would be a priority. James Markiewicz, Associate Director for Public Health Systems, represents Maine CDC as Director Shah's designee on the SCC.

Throughout the year, the SCC advised the Maine CDC on activities and expenditures related to the Preventive Health and Health Services Block Grant. This \$1.4 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. The SCC serves as the required advisory committee, approving the annual workplan and any revision necessary to fill newly identified needs.

For each quarterly meeting, the SCC received reports from Maine's nine District Coordinating Councils (DCC). These reports² 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.

IV. Accreditation

The SCC received updates on accreditation throughout the year. Maine CDC continues to maintain its accreditation in good standing and has begun to prepare for reaccreditation in 2021. Maine CDC shared its annual report³ to the Public Health Accreditation Board (PHAB) with the SCC. 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 supported Maine CDC's efforts towards the Shared Community Health Needs Assessment, the implementation of the State Health Improvement Plan, performance improvement activities, and workforce development activities.

V. Shared Community Health Needs Assessment (CHNA)

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

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

³ 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>

years. Out of this subcommittee, the Maine Shared Community Health Needs Assessment (CHNA) has emerged and is in its third iteration.

Over 200 indicators in the areas of health status and outcomes, health behaviors, demographics and social determinants of health were analyzed for state county estimates, trends and health disparities. The resulting health profiles were shared with stakeholders and the public. Over 2,500 people attended community forums held in every county in the state. During these forums, the data were presented and discussed, participants voted on priority issues and community assets and gaps were identified. The top priorities were examined in the final reports for each county. 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.

Health priorities for the state were developed using the top six priorities chosen across all counties. These priorities included:

- Mental Health
- Substance Use
- Access to Care
- Social Determinants of Health
- Older Adult Health/Healthy Aging
- Physical Activity, Nutrition, Weight

Data for each priority is being updated and will be more extensively reported in the annual health report card due in June. The full reports and an interactive website are available at www.mainechna.org.

VI. SHIP Overview

The SCC has also been collaborating on implementation of the State Health Improvement Plan⁴ (SHIP), a report which is a significant requirement for accreditation. The SCC played a critical role in the development of the SHIP by identifying priorities based on a specific set of criteria and the 2016 Maine Shared CHNA results. In March, SCC members received an update on the progress of the 2017-2020 SHIP. The majority of identified strategies were on track, although changes in grants or overall funding in some areas caused shifts in some timelines. Priorities for this plan include⁵:

- Cancer
- Chronic Disease
- Healthy Weight
- Mental Health
- Substance Abuse and Tobacco

⁴ The full State Health Improvement Plan report is published online and can be found here: <https://www.maine.gov/dhhs/mecdc/ship/>

⁵ Related data for these priorities are published online as part of the Maine Shared CHNA and can be found here: <http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/maine-interactive-health-data.shtml>.

Data related to the SHIP objectives was aligned with Maine Shared CHNA indicators.

VII. State and Local Public Health System 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 tool. Each District is also simultaneously engaging in a Local Public Health System Assessment (LPHSA). 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.

The SPHSA includes all public, private, and voluntary entities that contribute to the public health activities within a given area. 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, will be convening LPHSAs 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.

VIII. 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. It is the broad spectrum of public health roles represented on the council that strengthens the advisory capacity provided to Maine CDC. The SCC is asked to advise Maine CDC on such important operational areas as resource allocation, the pursuit of grant proposals, and priority setting. This unique engagement of public health leaders from across the state has resulted in a better understanding of how the State and its partners can collaborate on planning, delivering, and assessing Maine's public health systems. The SCC looks forward to the work ahead for 2020 and the inclusion of newly acquired statewide assessment data in its next report to the Joint Standing Committee on Health and Human Services.