

Issue Brief

Is Maine Prepared to Become the Healthiest State in the Nation?

Public health policies and systems seek to improve the health of populations. Our public health system in Maine assures that we have safe drinking water, are prepared to respond to disasters, and have community-based prevention programs to decrease injury, disease, and premature death. While the term public health is often misunderstood and linked with indigent care, the system encompasses far more and provides essential health improvement services. These include:

- Preventing epidemics and the spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting and encouraging healthy behaviors
- Responding to disasters and assisting communities in recovery
- Assuring the quality and accessibility of health services¹
- Developing policies in the public's interest
- Assessing the health of populations

The Maine Center for Disease Control and Prevention within the Department of Health and Human Services has the primary responsibility for public health in our state and serves as the hub of our public health system. This system also includes public and private organizations that play an important role. The Institute of Medicine's 2003 report titled *The Future of the Public's Health in the 21st Century* identified five actors who, together with the government public health agencies, are in a position to act powerfully for health. While policymakers have not been singled out, they also play a critical role in the public health system.

The State of the Public's Health in Maine

Maine's State Health Plan articulates the goal of making Maine the healthiest state in the nation.² While a laudable goal, is it do-able? The answer depends on how willing we are to invest in a population-based approach and build a public-private system for improving health in Maine.

As the State Health Plan indicates, Mainers suffer from high rates of preventable chronic illnesses. While the medical system plays a critical role in treatment and rehabilitation of individuals, to have the greatest impact on our state's health, we need to focus on disease prevention strategies and public health approaches that support behavior change. There are multiple determinants of health including access to medical care, genetic predisposition, social circumstances such as income, education and employment, environmental exposures, and individual behavioral choices.³ However, what most people don't realize is that our behavioral patterns and social and environmental circumstances play a far more significant role in mortality than access to high quality medical care.

In Maine, approximately 70% of deaths each year are a result of: 1) heart disease and stroke, 2) diabetes, 3) chronic lung disease, and 4) cancer.⁴ Given what we know about the leading causes of death in this country (e.g., tobacco use, poor diet, physical inactivity, alcohol use)⁵ and the relationship of these factors to disease and death rates, we can make dramatic improvements in health by modifying behavioral patterns through proven public health prevention and intervention efforts. The question is whether we are willing to make the investments

Fast Facts

- There are multiple determinants of health including access to medical care, genetic predisposition, social circumstances such as income, education and employment, environmental exposures, and individual behavioral choices.
- In Maine, approximately 70% of deaths each year are a result of: 1) heart disease and stroke, 2) diabetes, 3) chronic lung disease, and 4) cancer.
- Current estimates reveal a dramatic decline in tobacco use among young people in Maine since 1997 – 64% among high school students and 73% among middle school students.

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that require long-term commitments and adequate resources given that health improvements often come years down the road. And if so, what do we need to do to get there and what successes can we build on?

New Challenges in Public Health: Emergency Preparedness

Given the events of 9/11, the Severe Acute Respiratory Syndrome (SARS) outbreak and the recent attention to natural disasters, it is clear that our communities, our state, and our nation need to be prepared to detect and respond to these situations. While chronic diseases continue to claim the lives of our family members, friends, co-workers, and neighbors, we also need to be mindful of new public health challenges so that our public health system can continue to protect the health of our population. Maine has taken on this challenge with federal funding that supports statewide efforts for bioterrorism and public health emergency preparedness. These funds are having a direct impact on our “ability to detect, treat and prevent injury and diseases that threaten the health of Maine citizens as a result of natural or man made events.”⁶ Our state public health agency is helping to protect our communities by building a coordinated system that will address natural disasters (e.g., pandemic influenza, floods, ice storms) and acts of terrorism.

Our capacity in Maine to respond to this new public health challenge has dramatically increased over the past several years and we are more prepared to protect the health of all Mainers. Examples of our increased capacity include:

- The establishment of a 24 hour statewide system of infectious disease reporting, tracking and investigation, including the location of field epidemiologists in each district;
- The creation of Regional Resource Centers for Public Health Emergency Preparedness in each of three care centers (Maine Medical Center, Central Maine Medical Center, and Eastern Maine Medical Center);
- The establishment of a Health Alert Network (HAN) that enables the 24 hour alerting of thousands of health care providers and public health workers with information on key public health events;
- The enhancement of our public health laboratory in the Maine CDC to test for all major biological, chemical, and nuclear terrorism agents.

The collective efforts highlighted above, and many others, would likely not have been possible without the influx of funds that Maine received. Promoting and protecting the health of our population is an ongoing responsibility with long-term investments, but it is critical if we truly want to be the healthiest and most prepared state in the nation.

The Power of Public Health: A Success Story in Maine

Maine has been a leader among states in having committed a substantial portion of funds from the Master Tobacco Settlement Agreement to public health. These dollars are often referred to as The Fund for a Healthy Maine and are used to support public health initiatives that target smoking and other health improvement priorities.

This investment in public health is paying off. To date, one of our most powerful successes has been the reduction of youth tobacco use. Maine has implemented and evaluated a comprehensive approach that uses proven strategies to help prevent children and young adults from using tobacco. This hallmark approach includes policies, changes in the environment and a list of other strategies used to tackle the issue from multiple angles. Current estimates reveal a dramatic 64% decline in smoking among Maine high school students, and a 73% decline among middle school students in the 10 years since 1997. This remarkable decrease is particularly noteworthy given the fact that Maine was once known to have the highest youth smoking rates in the country. Given what we know about the addictive nature of tobacco and the research suggesting that nearly one in five deaths in this country are attributed to tobacco, a decrease of this magnitude is a significant accomplishment with benefits that are far-reaching.

So, what do we need to do to build on our successes and to make a commitment to the health of Maine’s population? The Fund for a Healthy Maine directly impacts our ability to deliver essential public health services in our communities and continued use of these funds to support public health efforts is critical. The allocations for state fiscal year 2007 are depicted below.

Are We Prepared to Become the Healthiest State in the Country?

While Maine’s public health system has an enviable track record of community partners, Maine CDC, and other statewide entities working together to successfully address such health problems as youth smoking rates, teen pregnancy, and infant mortality, our system has also been challenged by fragmentation and the inability to address a myriad of public health issues. For instance, often driven by Federal requirements, community-based funding has been administered through a wide array of entities in Maine, with over 500 different grants addressing some aspect of public health.

With Maine’s health care spending, the second highest in the nation, fueled in part by high rates of chronic illness, and with nearly half of health care cost increases attributable to five often preventable diseases (cardiovascular disease, diabetes, cancer, chronic lung diseases, and depression), it was imperative that we streamline our public health system if we are indeed to become the healthiest state in the nation. With public health system accreditation upon us in 2011 and future funding being tied to accreditation, we also face the challenge of need-

ing to build a more coordinated system for integrating quality improvement strategies required by accreditation.

Ten Essential Public Health Services:

- EPHS #1 Monitor health status to identify community health problems.
 - EPHS #2 Diagnose and investigate health problems and health hazards in the community.
 - EPHS #3 Inform, educate, and empower people about health issues.
 - EPHS #4 Mobilize community partnerships to identify and solve health problems.
 - EPHS #5 Develop policies and plans that support individual and community health efforts.
 - EPHS #6 Enforce laws and regulations that protect health and ensure safety.
 - EPHS #7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
 - EPHS #8 Assure a competent public health and personal health care workforce.
 - EPHS #9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
 - EPHS #10 Research for new insights and innovative solutions to health problems.
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Public Health Work Group

The 2005 State Health Plan charged the 40-member Public Health Work Group (PHWG) to implement a statewide community based public health infrastructure that works hand in hand with the personal health care system. In 2006 the Legislature enacted a resolve charging the PHWG with developing core competencies, functions, and performance standards for comprehensive community health coalitions. In 2007 the Legislature again called on the PHWG to streamline administration, strengthen local community capacity, and assure a more coordinated system of public health. That legislation set forth requirements for membership on the Public Health Work Group to assure broad representation while limiting membership to forty people, who worked tirelessly over several years to make this plan a reality. In 2007 the Legislature also enacted legislation seeking a plan from Maine CDC, with input from the PHWG, to modernize the Local Health Officer system. The results of the PHWG's various efforts are summarized here.

Public Health Work Group Results

The Maine CDC, which is situated within the Maine Department of Health and Human Services is the nucleus of Maine's public health system. For the first time the system links and coordinates local, sub-state, and state public health activities using existing resources more efficiently. This system also

includes representation from and links to the state and county emergency preparedness system. The system uses the framework of the 10 essential public health services that is the standard framework for public health functioning and for upcoming accreditation.

Maine's Public Health Geographical Framework and Some Major Components:

Local – Local Health Officers, Healthy Maine Partnerships (comprehensive community health coalitions)

Districts – District Coordinating Councils, Maine CDC Public Health Units

State – Maine CDC/DHHS and Statewide Coordinating Council

District

Districts were formed by the PHWG for those functions that are more efficiently and effectively provided at the district level than the local or state level as well as for issuing funds and for determining state public health system roles. Districts were formed based on four factors: population, geographical size, hospital service areas, and county borders. They are: Aroostook; Penquis; Downeast; MidCoast; Central; Western; Cumberland; and York. They are also the same districts as are used by law enforcement for the District Attorneys, by tourism for the Tourism Districts; and are aligned with the emergency medical system districts.

Healthy Maine Partnerships = Comprehensive Community Health Coalitions

A major step in streamlining and assuring a more coordinated public health system was put in place in 2007 by integrating the existing Healthy Maine Partnerships and other community health coalitions into one statewide system of comprehensive community health coalitions that strengthen local public health capacity statewide. This streamlining resulted in over 100 state grants and contracts to health coalitions being bundled to 28 contracts. This network is also called the Healthy Maine Partnerships (or HMPs) and now provides statewide coverage for the essential public health services related to local health assessment, education, policy, and community mobilizing.

Currently, the majority of their funding focuses their efforts on tobacco, physical activity, nutrition, obesity, substance abuse prevention, and chronic disease prevention and management. As other funding becomes available to address other health issues, the Healthy Maine Partnerships (often in partnership with the DCCs) will continue to extend their capacity to deliver these essential public health services for other priority topics as well.

Local Health Officers

The Local Health Officer (LHO) system provides a linkage between state public health and every local municipality. It is a system that has been in place for over 100 years. The Legislature charged Maine CDC/DHHS with proposing revisions to assure the laws governing LHOs are appropriate for the 21st Century. An Act to Modernize the Local Health Officer Statutes was enacted by the Legislature in 2008. The resulting revisions streamlined a myriad of statutory duties and removed redundancies, while strengthening and focusing the system on the municipal governmental functions related to controlling and reporting local public health nuisances and potential communicable disease threats.

District Coordinating Councils (DCC)

As part of Maine's public health infrastructure, District Coordinating Councils (DCCs) are designated by the Maine CDC based on recommendations from each of the eight districts and with review and comment by the Statewide Coordinating Council. DCCs are the district-wide representative body for collaborative planning and decision-making for functions that are more efficiently and effectively accomplished at the district level and for assuring accreditation of the state's public health system in that district.

District Maine CDC/DHHS Units

An effective and efficient statewide public health system requires coordinated planning and calls for certain other functions to be carried out at the district level. To improve the administration of state programs and policy and to assure state policy reflects the different needs in each of the eight DHHS districts, Maine CDC is out-stationing positions and co-locating existing district staff, and establishing District Maine CDC/DHHS units. These will be linked to District Coordinating Councils. The Maine CDC/DHHS Units are to include: Maine CDC Public Health Units within each DHHS district are forming, and consist of co-located Public Health Nurses, District Nurse Epidemiologists, Health Inspectors, Drinking Water Engineers, and District Public Health Liaisons. These Public Health Units may perform certain public health functions that are more efficiently and effectively provided by them, such as some district or county-level functions and some public health emergency functions.

In the case of public health emergencies, the District Public Health Liaisons will serve in the county emergency operations centers (EOC) as liaisons between state and local public health entities. In those districts that consist of multiple counties, the District Nurse Epidemiologist and/or Public Health Nurses may also serve as EOC liaisons as well as back-up to the District Liaison.

Statewide Coordinating Council (SCC)

A Statewide Coordinating Council (SCC) will build on the work of the PHWG to implement a statewide public health

infrastructure that streamlines administration, strengthens local community capacity, and assures a more coordinated system for delivery of essential public health services. The SCC will be the representative body for review and guidance to the Maine CDC on strategic state level policies related to federally-recognized national accreditation and the aligned system of Local Health Officers, Healthy Maine Partnerships, District Coordinating Councils, and on other policy issues directly related to public health infrastructure, roles and responsibilities.

Summary of Public Health Infrastructure

Through an extensive collaborative process, Maine's public health stakeholders have examined its centralized but fragmented public health infrastructure at the sub-state level. By streamlining and coordinating existing resources, Maine's emerging local and district public health system is more efficient, more effective, more ready for accreditation, and most importantly, better able to serve the public's health needs.

How Do We Become the Healthiest State in the Country?

So, how do we achieve our laudable goal of becoming the healthiest state? We begin by addressing our public health challenges and system deficiencies. To tackle these challenges we need to strengthen our public health constituency and work with all of our public health partners to advocate for and implement comprehensive solutions that will impact the health of all people in Maine. If Maine is to accomplish its goal, and if it does become the healthiest state in the country, our public health system will have another success to celebrate and all people in Maine will have another reason to be proud to live in this state.

For More Information

State Public Health Initiatives (including The Fund for a Healthy Maine)

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Websites of Interest

- Centers for Disease Control and Prevention: www.cdc.gov
- Public Health Foundation: www.phf.org
- National Association of City and County Health Officials: www.naccho.org
- Association of State and Territorial Health Officials: www.astho.org
- American Public Health Association: www.apha.org

- Maine Center for Disease Control and Prevention: <http://www.maine.gov/dhhs/boh/>
- Maine Public Health Association: www.mcph.org/mpha/MPHAindex.html
- Maine Center for Public Health: www.mcph.org
- Maine Network of Healthy Communities: www.thehcnetwork.org

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