Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

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To: Advisory Council on Health Systems Development

From: Dora Anne Mills, State Health Officer
Joanne Joy, Chair, State Coordinating Council for Public Health
Shawn Yardley, Vice Chair, State Coordinating Council for Public Health

Re: Annual Report, State Coordinating Council for Public Health

Date: December 15, 2010

The State Coordinating Council for Public Health (SCC) is required under Title 2, Section 104 to report annually to the ACHSD on progress made by the statewide public health system in addressing the designated public health goals, objectives and strategies in the State Health Plan. In order to fulfill this requirement, we have provided the attached table from Appendix 1 "Summary Progress Report" in the 2010 State Health Plan. The table describes efforts undertaken in the past 18 months by Maine CDC and other state partners to address public health goals in the 2008-2009 State Health Plan.

As the table describes, Maine CDC and its partners have worked over the past two years to further streamline Maine's public health infrastructure, including significant activity related to enactment of LD1363, "An Act to Establish and Promote Statewide Collaboration and Coordination in Public Health Activities and to Enact a Universal Wellness Initiative." Through these efforts, Maine CDC now supports a stakeholder-driven public health planning and implementation system consisting of: a Statewide Coordinating Council for Public Health; 8 District Coordinating Councils for Public Health and a Tribal District; co-located Maine CDC staff in 8 district public health units; Tribal Liaisons; a statewide network of comprehensive community health coalitions (the Healthy Maine Partnerships); and municipal-based local health officers.

Maine CDC and it's colleagues have also engaged in State Health Plan-driven activities related to worksite wellness, coordination of public health and behavioral health systems, implementation of the Oral Health Improvement Plan, creation of a Rural Health Plan, and work to coordinate telemedicine efforts throughout Maine.

The SCC Executive Committee respectfully requests the opportunity to attend a future meeting of the ACHSD to further discuss the public health infrastructure and our plans for the coming year. To arrange a meeting, or if you have immediate questions about this report, please contact Joanne Joy at (207) 588-5011 or j.joy@healthycommunitiesme.org.

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	2008-09 State Health Plan Task	2008-2009 State Health Plan Progress Report
1	Streamlined Statewide Public Health Infrastructure	• In 2009, LD1363, "An Act to Establish and Promote Statewide Collaboration and Coordination in Public Health Activities and to Enact a Universal Wellness Initiative" was enacted and formalized the Public Health Infrastructure. • The Statewide Coordinating Council (SCC) was convened in 2008 and has met quarterly since that date. Membership reflects expertise in the 10 Essential Public Health Services and includes representatives from the eight District Coordinating Councils. • Two SCC members sit on the ACSHD and update the Council on issues related to public health infrastructure development. • Infrastructure and processes are now in place to provide aligned, comprehensive health planning processes at local, district, state, and national levels. • Eight District Coordinating Councils (DCCs) were formed in 2008 and include broad representation from district public health stakeholders. The DCCs meet on a quarterly basis and advise Maine CDC on ways to improve the effectiveness and efficiency at the district level. • DCC membership includes participation from health delivery systems, including hospitals, primary care providers, and mental/behavioral health care providers. • Local Health Officer (LHO) statutes were updated during 2008 with passage of "An Act to Modernize Local Health Officer Statutes", legislation which served to narrow LHO functions, strengthen the LHO system, and establish ongoing training and support. • Rule changes were made to clarify LHO qualifications, training, and experience and to ensure that all LHOs meet minimum qualifications within six months of appointment. • In 2009, an on-line LHO certification training was developed and has been taken by more than half of all LHOs in the state. Other LHO training modules are in development, and in-person training opportunities were offered in each district in 2009. • Maine CDC staff positions and funds were reorganized to enable hiring of eight District Public Health Liaison positions, with all positions filled by January 2010. Public Health Units have been convened in all districts and include co-location of

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		Maine CDC public health nurses, health inspectors, epidemiologists, and district liaisons. Two Tribal Liaisons were hired. • Existing Maine CDC resources were aligned to create the Office of Local Public Health, which includes District Public Health Liaisons, an LHO Coordinator, and comprehensive health planner. • Based on recommendations from the ACSHD Cost Driver report, the GOHPF and Maine CDC worked with the eight Districts in 2009-2010 to develop District Performance Reports, documents that connect socioeconomic status, population health indicators, preventable hospitalization rates, and cost savings associated with preventable hospitalizations. These reports will be annually reported and used by the multi-stakeholder DCCs to track progress in their efforts to prevent avoidable and costly chronic diseases.
3	Coordination of Public Health and Behavioral Health Systems	• Depression and mental health modules continue to be conducted by BRFSS. • The SCC and DCCs have increasingly included behavioral health stakeholders • Maine CDC, Division of Chronic Disease received a 3-year Systems Transforming grant from MeHAF focused on better linking public health and mental health systems • MeHAF has invested nearly $10 million in grants to 43 grantees and their 150 partner organizations, convening key leaders, providing technical assistance, and conducting policy research on care integration • In March 2010, DHHS and MeHAF held a conference on integrated care with APS • Maine Patient-Centered Medical Home pilot includes integrated services in its approach to care at 26 sites • A statewide Integration Policy Committee comprised of health care leaders and consumer advocates has been convened to identify payment and regulatory, licensure, reimbursement, workforce development, day-to-day practice, and other policy improvements needed to support integrated care
5	Worksite Wellness	• The Maine Leadership Group for Worksite Wellness completed a set of guidelines in 2010 called “Criteria for Worksite Wellness Health Programs” that establishes a set of evidence-based criteria to guide development of employer-based worksite wellness programs
7	Implementation of the Oral Health Improvement Plan	• The Maine Dental Access Coalition developed a “Dental Dozen” list of policy priorities, extracted from the Oral Health Improvement Plan. Each priority has at least one measureable, time-framed objective.

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		• The "Dental Dozen" will be reviewed biannually and updated annually, and as priorities have been accomplished or issues resolved, they will be replaced on the list. • The Oral Health Improvement Plan is scheduled to be updated by 2012 beginning in 2010 with a series of activities intended to assure specificity and relevance. • In 2009, the Legislature enacted a bond issue to support a new dental school in Maine.
8	Rural Health	• Regional meetings took place in Fort Kent, Farmington and Machias and feedback was solicited and then incorporated into the final version of the State Rural Health Plan which was posted to the Maine CDC Office of Rural Health and Primary Care website on October 30th 2008. • A Strategic Plan for the Rural Hospital Flexibility Program was developed and presented to the Critical Access Hospital CEO Collaborative at the January 2009 Small and Rural Hospital Conference sponsored by the Maine Hospital Association. • The Healthcare Workforce Forum meets monthly in Augusta and has a membership that includes over 80 representatives from organizations that range form health care professional groups, small and large employers, institutions of higher learning, and government agencies. Meeting agendas and minutes can be found at http://www.maine.gov/dhhs/boh/orhpc/hwf/index.shtml • A report was published in March 2010 that is the combined effort of four New England rural Hospital Flexibility Program Coordinators. It creates a single place where indicators of performance and quality that are relevant to small and rural hospitals are identified. Discussions among CAH CEOs and QI Directors across the four states are taking place in May 2010.
9	Telemedicine	• Key stakeholders were identified and an ongoing forum was launched in the summer of 2009. It currently connects healthcare service providers at sites in Northern, Eastern, Southern, and Central Maine for a videoconference on the third Thursday of each month. A Maine Telehealth Collaborative website for forum members has been created. To learn more visit http://telemedicinemaine.sc29.info/ • A sub-committee of the forum will be working on a strategic planning document throughout the spring and summer. The projected date of completion is August 2010. • A representative of the New England Telehealth Consortium (NETC) is a regular contributor to the Maine Telemedicine Forum. • Annual reports of progress began in 2009. A 2010 report is being prepared for posting on the Collaboratives website and for submission to the ACHSD by the end of April, 2010.

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