

Note: 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.

Views of Maine Residents

Key Findings

- Maine people think that public health services are important
- Maine people are willing to pay higher taxes or fees to have more access to public health services
- Maine people understand that public health programs help keep their families and communities healthy

The Maine Turning Point process for developing this Public Health Improvement Plan benefits from two major efforts to identify and include the voices of Maine residents in our deliberations and decision-making. The first was a statewide public health opinion poll conducted during the winter of 2000 — possibly the first ever in Maine. The second was a series of community dialogues that took place in the spring and summer of 2000. In all, more than 800 Maine residents contributed to the development of this plan through one of these two methods.

Public Health Public Opinion Poll - Summary Results

During February and March of 2000 Maine Turning Point contracted with Baker, Newman& Noyes to conduct a statewide public health opinion poll. The survey was designed to measure perceptions of and support for public health programs. Surveyors interviewed 600 likely voters, with sample distribution designed to conform to Maine’s population demographics. The results are representative to plus or minus 4% at the 95% confidence interval. Most importantly, the survey data suggest that there is strong support for public health services in Maine.

The willingness of citizens to pay more is an important message that government officials at all levels heard loud and clear. “It was really gratifying that the survey respondents recognize the value of public health services and feel that more money should be spent on prevention.” The Bureau of Health is planning to coordinate with Maine Turning Point so that the tobacco funds are expended in a manner that will coordinate with anticipated infrastructure shifts. –Dora Mills, Bureau of Health

Of particular interest to MTP was the fact that two-thirds of respondents agreed that the government spends too little to improve health. Second, 63% of those surveyed felt that public health services are essential and should be expanded. Lastly, support for expanded public health services “even if it means paying higher fees or taxes,” was strongest in Oxford, Androscoggin and Cumberland counties.

Respondents agreed with the following statements:

- Public health services save money by reducing preventable illness (58%);
- Public health services are important for my own and my family's well-being (88%);
- Public health services are essential to protect the community's overall health (90%);
- Public health services should be expanded even if it means paying higher fees or taxes (66%);
- Public health services should be expanded with tobacco settlement funds (77%)

The results in Maine were generally consistent with the results of a national poll conducted in March 1999 for the PEW Charitable Trusts. That PEW survey of 1,234 registered voters found that American believe we are devoting insufficient resources to public health (65%) and want the U.S. to expend more money and more effort on public health (61%). According to the PEW report, only education was a higher priority for expanded funding; building roads and highways, tax cuts, missile defense, and fighting crime were all lower priorities for expanded funding than was public health. However, the PEW study also suggested that the term "Public Health" is often misunderstood. This is a finding that MTP will need to factor in to planning future activities. The Maine poll did not define "public health" for respondents, but did use the 10 Functions of Public Health defined in the national literature to describe public health programs and services.

Using similar methodology, a September 1999 Harris Poll of 1,009 adults also found strong support for many of the functions that are the essence of public health. When comparing the results of The Harris Poll, which surveyed adults, and the MTP poll, in which likely voters were interviewed, one can begin to assess both the depth of support for public health AND the impact of polling these two populations.

For example, when asked to rate the importance of "The prevention of the spread of infectious diseases like tuberculosis, measles, flu, and AIDS." 91% of Harris respondents ("adults") said that this was "very important." In Maine, 60% of respondents ("likely voters") indicated that "Protecting the public from diseases that spread from one person to another, such as tuberculosis, AIDS, and hepatitis" was a public health function that is one of the "most needed." A full 70% of Maine's likely voters indicated they were willing to support these infectious disease prevention and control programs "even if it meant paying additional fees or taxes."

This 31% difference in the level of public support found in the example described above may suggest that our decision to survey likely voters may underestimate the depth of support for public health programs in Maine. However, when considering ways to help public support translate into financial support, "likely voters" may be a more realistic measure of the strength of support for public health programs. In addition, while all polling is subject to potential technical flaws, the size of the Maine Turning Point Public Health Opinion Poll (600 Maine voters in contrast to fewer than 2,000 respondents for each of the national polls by PEW and Harris) should help us convince opinion leaders that the people of Maine want and will support increased funding for public health services in their communities.

Further, when asked to choose from 11 public health issues, a clear majority of the 600 citizens interviewed for the Turning Point survey selected, in order of preference: "delivering medical care to keep people healthy" (prevention); "delivering medical care to people when they are sick" (treatment); and "protecting people from unsafe drinking water, air pollution, and toxic waste" (environment).

Community Dialogues

Key Findings:

- Maine residents believe that there is a role for state government facilitating and providing the resources and infrastructure needed to nurture community-based responses to health issues and concerns.
- Maine residents intuitively understand the link among health, environment, and economic issues and want the state to provide tools to allow communities to help themselves.

Maine Turning Point (MTP) worked with community organizations across the state to host 18 roundtable dialogues. The dialogues, in the form of roundtable discussions, were designed by the Coalition for Healthier Cities and Communities, a national network of partnerships and organizations working towards healthier people in healthier communities.

The community roundtables were convened and facilitated by a community health professional from within each community for three participant-group types—health service providers, community members and youth. The information gathered in those discussions was used to assess local health concerns and priorities within differing socioeconomic and geographic populations. In addition, the local hosts received important feedback on health priorities and public health services in their communities.

Today 75% of deaths in Maine are due to four non-infectious diseases: cancer, heart disease, lung disease, and diabetes. We have both the knowledge and the means to drastically reduce the incidence and progression of these diseases. We, the public, just fail to apply what we know, about how to reduce tobacco addiction, improve diets, and increase physical exercise.”
Maine has the highest rate of tobacco addiction among adults age 18-30 in the nation.

Participants were asked to respond to a series of questions to determine the indicators of and barriers to improved community health and to assess the general health of the particular community as perceived by the participants. Each dialogue was audio taped and key points were recorded on flip charts. Responses were categorized after careful analysis of 1,640 comments from 208 people.

Participants in each of the three group types were asked to respond to the following series of questions:

- What do you believe are the 2-3 most important characteristics of a healthy community?
- What makes you most proud of your community?
- What are some specific examples of people or groups working together to improve the health and quality of life of our community?
- What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?
- What could be done on a regional or state level that would be helpful to you in dealing with health issues in our area?
- What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?
- How would you characterize the relationship among parents, the schools, and the larger community? Are there relationship issues that need to be addressed?
- What actions, policy, or funding priorities would you support to build a healthier community?

- What would excite you enough to become involved (or more involved) in improving our community?
- What do you believe are the 2-3 most important characteristics of a healthy community?

Youth, health service providers, and other community members each identified similar components throughout the discussions. Social relationships were emphasized whether the questions were concerned with the strengths of a community or with issues that must be addressed to improve health and quality of life within the community. Infrastructure, meaning local institutions or service agencies such as police and fire departments, health agencies, or schools, also figured prominently in the responses of all groups. The responses clearly indicate that Maine communities, and indeed the different groups of people within the communities, have similar values, goals and ideals. Further, it is implicit in the response that each individual realizes that they share the responsibility of defining, creating and maintaining the health of their community.

At the local level there is a broad definition of health that understands the links between jobs, economic development, leadership, and strong social fabric and the traditional “health” areas such as mental, environmental, physical, and medical health. In each community public health professionals and other residents understand that there is or will be the need to conduct a local health assessment and to create a local plan to improve health in their community and among their friends and neighbors. However, there is also a clear message that citizens have identified a role for public health professionals and state government that will aid local efforts to create a local culture and policies that support health. The structure and support provided by government and public health professionals will provide the foundation to aid local efforts to create a local culture and policies that support health.

For additional details about the Dialogues, please see Appendix F.