Maine Turning Point
Public Health Improvement Plan

Section 1

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.

What is Maine Turning Point?

What or Who is Maine Turning Point?

Maine Turning Point (MTP) is a public health planning project convened by Maine Center for Public Health, Medical Care Development, Maine Department of Human Services (DHS) Bureau of Health, and other partners. This has been a statewide effort to assess the status of the public health system in Maine and make recommendations to improve public health in the areas of infrastructure, training and workforce, financial support, and the interface of public health and clinical care. This report reflects a 21-month planning process that included more than 200 individuals and representation from every county in the state.

History

Maine Turning Point began to develop in 1996 and 1997 in response to the creation of the Maine Center for Public Health and the anticipated availability of foundation funding. Leaders in the Maine Public Health Association, Medical Care Development, and other organizations recognized that in order to improve health status in Maine it was essential to focus some public health planning measures on how to assure provision of the 10 Essential Public Health Services in all parts of Maine.

When the Robert Wood Johnson Foundation, along with the W. K. Kellogg Foundation, announced the availability of funding for state level grants and grants to local health departments, a number of organizations came together to develop an application. Unfortunately, this initial effort was not funded. A new announcement was published two years later, this time with funding only for statewide activities. Maine leaders put together a new application. The funded effort, which began in late 1999, was convened by the Maine Center for Public Health, Medical Care Development, and Maine DHS Bureau of Health.

Why this? Why now?

Maine is one of three states that does not have a consistent sub-state system for delivery of public health services. We do have the fourth highest rate of deaths from cardiovascular disease and one of the country's highest rates of teen smoking. Maine Turning Point participants have concluded that these facts are not un-related. Many communities in Maine lack the ability to locally identify and locally meet the challenge of public health threats from behavioral risk factors to mental health and environmental concerns. The lack of public health infrastructure contributes to Maine's current inability to meet public health obligations.

Systematic and comprehensive public health planning has not existed at the State level for several years. Indeed, funding for planner positions in the DHS Bureau of Health have not been funded by the legislature since 1994. Staff in the various state agencies and in organizations at the local level make valiant efforts to undertake periodic planning and develop plans to address specific disease concerns. However, the absence of dedicated funding and staff for comprehensive and systematic statewide planning has hampered efforts to improve the health of Maine residents.

What is "health?"

The Maine Turning Point discussions began with one guiding document and agreement upon the definition of health. The guiding document is the 1998 IOM report discussed below and the definition of health is that identified by the World Health Organization as ***"a state of complete well-being, physical, social and mental, not merely the absence of disease or infirmity."***

What is "public health?"

In 1988 the federally chartered Institute of Medicine (IOM) published a sentinel report that outlined the role of federal, state, and local government in public health. The report also described the role and variety of local organizations that are key participants in the provision of public health services. The report and its findings have been widely accepted and adopted by local, state, national, and international organizations as THE definitive document on the organizations, structures, and responsibilities for public health. The IOM report explains that, ***"The substance of public health is organized community efforts aimed at the prevention of disease and the promotion of health."***

The IOM assigns to government the responsibility for assessment, policy development, and assurance. Beyond this, the IOM identified those activities in public health for which states have unique responsibilities.

> *The committee believes that states are and must be the central force in public health. They bear primary <governmental> responsibility for health. The committee recommends that the public health duties of states should include the following:*
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> - *assessment of health needs in the state based on statewide data collection;*
> - *assurance of an adequate statutory base for health activities in the state;*
> - *establishment of statewide health objectives, delegating power to localities as appropriate and holding them accountable;*
> - *assurance of appropriate organized statewide effort to develop and maintain essential personal, educational, and environmental health services; provision of access to necessary services; and solution of problems inimical to health;*
> - *guarantee of a minimum set of essential health services; and*
> - *support of local capacity, especially when disparities in local ability to raise revenue and or administer programs require subsidies, technical assistance, or direct action by the state to achieve adequate service levels. (pgs. 8,9)*

In Maine, in the absence of county or municipal health departments, it is necessary for State agencies to undertake these responsibilities in cooperation with local organizations. However, the responsibility for providing the guidance and means necessary to carryout these functions lies with the State.

In some areas Healthy Community Coalitions and other similar groups have developed. These coalitions have the opportunity to provide a local coordinating and convening function for essential public health services. Indeed, the IOM notes that "…*where sparse population or scarce resources prevail, delegation to regional single-purpose units, such as multi-county health districts, may be appropriate. In order to be effective, health districts must be linked by formal ties to, and receive resources from, general-purpose governments."*

The IOM report and WHO definition of Health were the initial point of agreement among Maine Turning Point participants. Our mission has been to support communities in creating and sustaining the coordinated delivery of public health services. "Public" in this context refers to programs and services that address *populations*. It is not a reference to state, county, or municipal government. The Maine Public Health Improvement Plan outlines our process, findings, and recommendations for improving the public's health.

Governance and Process

- **42 member Steering Committee met quarterly**
  The 42 Members of the Steering Committee represent public health, academia, businesses, legislators, Maine Department of Human Services and Department of Mental Health/Mental Retardation/Substance Abuse Services, Healthy Community Coalitions, tribal health organizations, communities of color, women's health organizations, rural health organizations, family planning organizations, hospitals, health plans, and others. Communication and dialogue was enhanced through extensive use of email.

- **4 Work Groups**
  Work Groups focused on the following areas: Finance, Infrastructure, Public Health in the Context of Clinical Care, Workforce and Training. Each group reviewed best practices, national data, and the literature for their subject area. When necessary they conducted original research in order to assess the situation in Maine. Finally, they published draft findings and recommendations for consideration by the Steering Committee and the more than 175 MTP Partners. Groups met on various schedules, as often as monthly and as infrequently as quarterly, depending on the group process and needs. Each group utilized a list serve or email distribution list in addition to traditional communication methods.

- **Public Health Public Opinion Poll**
  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 consumer perceptions and support of public health programs, using questions designed to track with those used in other polls conducted at the national level by PEW and The Harris Company. Surveyors interviewed 606 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. More details from the survey are available in Section II of this report.

- **Public Health Summit**
  More than 100 public health service providers and community leaders met on May 11, 2000 to discuss the preliminary findings from each work group and to provide feedback on potential recommendations for restructuring the public health delivery system.

- **Community Roundtable Dialogues**
  An additional outreach and information gathering effort was MTPs collaboration with community-based organizations to host Community Roundtable Dialogues. These dialogues took place in 18 communities and 14 of Maine's 16 counties. Of the 18 meetings, two were specifically convened for teenagers, six consisted of a variety of public health service providers, and nine were primarily comprised of residents of the host community. The messages from the dialogue participants were very clear. They want:
  - state government to have a bigger role in fostering and funding the ability of each community to respond to local needs;
  - the community's feedback to be used in shaping local and state policy; and
  - a strong public health system to provide a framework for building healthier communities

- **Coalition Building and Consensus Development**
  - Maine Turning Point recruited and communicated frequently with more than 175 MTP Partners.
  - Many of the organizations that hosted the Community Roundtable Dialogues used the experience as part of their efforts to develop local healthy community style coalitions in their geographic areas.
  - The Governor's 2000 Blue Ribbon Commission on Public Health adopted and incorporated into their recommendations several of the concepts promoted by MTP, including the need for comprehensive health planning at the State level, the importance of investing in local community health initiatives, and the value of public health in improving the health care and economic situations in Maine.
  - The Maine Sustainable Development Working Group included in it's publication *SustainMaine: Actions Steps 2001* two recommendations that mirror positions supported by MTP. First the need to sustain the legislative commitment of tobacco settlement funds to health. Second, the importance of increased state support for public health education, Healthy Communities projects, and state and local health services coordination.

- **PHIP development process**
  Draft findings and recommendations from work groups were reviewed by the Steering Committee in September 2000. The edited draft findings and recommendations were then reviewed by the Maine Center for Public Health Board of Directors. The approved materials were posted to Maine's public health website (**www.mcph.org/reports**) while MTP solicited input and feedback from Partners and other interested parties. The various documents were transformed into a draft Public Health Improvement Plan and distributed to work group members and MTP Partners in late spring 2001. Publication of this document reflects their input and feedback as well as that of the MCPH Board of Directors.

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New Directions in Public Health