

**Maine Public Health Association Power Point Presentation Narrative  
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- 1. Title Slide**
- 2. I'm going to try to give you a thumbnail sketch of the answers to 4 questions: Where are we going**
- 3. How close are we to being #1?**
- 4. In public health, what are our major challenges?**
- 5. And successes?**
- 6. How do we answer these questions? I'm going to use two sources: first, Maine's public health goals and objectives for the decade – Healthy Maine 2010; and second, our road map for how to be the healthiest state in the nation, our State Health Plan, which is part of the overall Dirigo Health Initiative.**

**I will use the 10 HM2010 goal areas and give a brief update on some objectives from each one. The objectives reviewed from the chronic disease, mental health, and substance abuse areas are the same as the benchmarks from the State Health Plan. And, the objectives from the Access goal are a critical component of the overall Dirigo Health Initiative. I will not be commenting on current or potential strategies for each objective – just giving you a brief report card on how we're doing. These slides and narrative are being posted on our website home page: [www.mainepublichealth.gov](http://www.mainepublichealth.gov).**

- 7. 1st, is the Access goal from HM2010. This goal includes not only access to health care but also access to prevention.**
- 8. As you can see, Maine is doing much better than the nation on assuring access to health insurance. In these slides, blue represents Maine; and red the United States. Maine currently has the 4<sup>th</sup> highest rate of its residents having health insurance.**

**Four years ago we had the lowest rate in New England; and now we have the highest rate in NE.**

- 9. We are doing very well with Mainers having a primary care provider. With 89% of us having one, we have surpassed our HM2010 goal.**
- 10. We are making some progress with a stubborn issue – children’s tooth decay. Kindergarten and 3<sup>rd</sup> grade history of decay are decreasing.**
- 11. As mentioned, this goal is about access to prevention as well. Fortunately, the Public Health Work Group process that Trish Riley has convened, ...**
- 12...is working on how we can build a statewide public health infrastructure that I believe will help us achieve these two objectives.**
- 13. Access to dental health providers for low-income Mainers is also a developmental objective we have made nominal progress on.**
- 14. Overall, we are making some good progress on the Access objectives.**
- 15. Then, there is chronic disease.**
- 16. I will review our progress the four major chronic diseases – the 3 “Cs” and a “D”. First, diabetes. I do not have good news to report.**
- 17. We are doing poorly in the management of diabetes. Only 60% of adults with this diagnosis have taken a class or course in managing diabetes. We have made no progress in this rate over time, and we are far from our goal of 80%. Just think – 40% of Mainers with diabetes have not taken such education.**
- 18. Only 73% have had an eye exam in the past year, and again, we’ve made little progress toward our goal of 85%.**

- 19. Worse yet, we are losing ground on diabetics having one of the most basic and easiest tests – a hemoglobin A1C. Only 78% have had such a test this past year, meaning that 22% have not! This is far from our goal of 95%.**
- 20. And, of course, the numbers of Mainers with diabetes keeps increasing at epidemic proportions. From 32,000 10 years ago to 77,000 currently.**
- 21. Death rates have remained fairly steady, bouncing around some year to year.**
- 22. We have a ways to go to be the best in the nation for diabetes rates, one of our State Health Plan benchmarks.**
- 23. And, likewise for diabetes death rates.**
- 24. In summary, we have much room for improvement and can even be said to be doing poorly when it comes to diabetes.**
- 25. On to chronic respiratory diseases.**
- 26. As many of you know, we consistently have one of the highest rates of asthma in the country – both among adults...**
- 27. ...and children. In fact, asthma is the chronic disease that is found in children at higher rates than adults.**
- 28. We do better than the nation in hospitalization rates for this disease, though rates among patients with Medicaid/MaineCare are much higher.**
- 29. Our COPD death rates remain higher than the nation, though they are decreasing a bit, and are below our HM2010 goal.**
- 30. With some of the worse rates of asthma, we have a ways to go to become the healthiest in the country on this measure.**

- 31. In summary, we are making some progress with COPD and having better tracking systems for asthma. However, we face challenges with asthma rates and hospitalization rates.**
- 32. Now, for our number 1 cause of death and disability – cardiovascular disease.**
- 33. 96% of Mainers have had their blood pressure checked within 2 years, which is good considering this is one of the major modifiable biological risk factors for heart disease.**
- 34. We have almost reached our HM2010 goal for Mainers who have had their cholesterol checked within 5 years.**
- 35. We have also almost reached our goal for stroke deaths.**
- 36. And, we're well on our way for coronary heart disease.**
- 37. However, we have a ways to go to become the best in the nation for either heart disease deaths...**
- 38. ...or in deaths due to stroke.**
- 39. So, progress has been made but this is a long journey, especially when we consider that cardiovascular disease is still our biggest killer and is more preventable and treatable than many other diseases.**
- 40. Our third "C" – Cancer.**
- 41. This slide is to remind us of the wide impact of cancer in terms of incidence and mortality. Of the four cancers with the highest mortality in Maine, prostate and breast top the list in terms of being diagnosed most commonly. However, more Mainers die of lung cancer than prostate and breast combined. And, a larger proportion of people with colon cancer die from their disease than those with prostate or breast. Our objectives focus on these four cancers because of their impact as well as the ability to prevent and/or screen for them, and therefore reduce their impact.**

- 42. Unfortunately, we have stalled with our previous progress in Maine women getting mammograms, and our goal of 70% seems elusive.**
- 43. We're doing okay with Pap smears, both in terms of being better than the national rate and gradually increasing our rates, and we have a good chance of reaching our goal.**
- 44. More good news with colon cancer screening – from about half reporting being screened to two-thirds.**
- 45. We don't want to ignore our most commonly-diagnosed cancer – skin. However, we are stalled in terms of how frequently we protect ourselves against this cancer. About 30% of us do not.**
- 46. Besides screening and preventive measures, it is also important to track what proportion of each type of cancer that is diagnosed early versus late. For breast cancer, about two-thirds are diagnosed in early stages, and 4% are diagnosed late. And, these rates have not changed in recent years. This further emphasizes the importance of improving our screening rates.**
- 47. We have had a bit of an increase in the proportion of us diagnosed with early stage colon cancer, commiserate with the increase in screening rates for this disease.**
- 48. And, likewise, we have seen some progress in early-stage diagnoses of prostate cancer.**
- 49. Overall, we are making progress in the proportion of us who are diagnosed with cancer. However, Maine rates continue higher than the nation, primarily driven by high rates of lung and colon cancer.**
- 50. Our death rates from cancer are also decreasing, following the national trend. However, we also continue to have higher rates**

than the national rates, mostly driven by high death rates from lung cancer.

51. Not surprisingly, we have a ways to go to have the lowest cancer incidence rate in the county...
52. ...and likewise with cancer death rates.
53. In summary, we have made progress in some cancer objectives, though compared with the nation, we have challenges related to lung and colon cancer. And, we are not making progress with mammograms and skin cancer protective measures.
54. The 3rd major goal area is environmental health.
55. In terms of healthy air, it appears we have made progress with ozone days. However, this is a bit deceiving, as the number of ozone days is also dependent on the number of very hot days we have in the summer, and as you may recall, we have had three fairly mild summers recently. Healthy air remains a major public health issue in Maine, as measured by, among other things, our highest in the nation asthma rates.
56. We have made progress in how many of us are aware of safe eating guidelines for fish. This is a particular complicated set of risk communication, since we want to both reduce exposure to mercury that is found in some fish as well as increase fish consumption low in mercury as a preventive measure against our biggest killer – heart disease.
57. We are also making some progress on another common toxin – well water testing for arsenic. Given that over half of us have private wells and arsenic is prevalent in our ground water, this is an important measure.
58. We are finally making some progress against a toxin, lead, that has plagued the health of our children for well over 100 years. Our screening rates are increasing, and the numbers of children diagnosed with elevated lead levels has been cut in

half – from about 400 a year to 200 a year. However, with an old housing stock, we continue to face numerous challenges in eliminating this very preventable source of childhood poisoning.

59. So, while we are making progress in some environmental health issues, we also have a long ways to go.
60. The 4th area is Family Planning and Perinatal Health, a public health priority for the last 90 years in Maine.
61. We continue to make progress in teen birth and abortion rates. Maine enjoys the 3<sup>rd</sup> to 4<sup>th</sup> lowest rates in the country, though we face challenges in sustaining evidence-based strategies. Additionally, most other developed nations enjoy much lower rates than we have in Maine, so we know we have much room for progress.
62. One of the most important measures of any society is its infant mortality rates. Though we have had some of the lowest infant mortality rates in the nation, there are some recent trends upward that are being carefully watched and analyzed.
63. Overall, we have a mixed report card for Family Planning and Perinatal Health.
64. Our 5th goal area is Infectious Disease.
65. One of the objectives in this goal area is to increase the number of geographic areas that have epidemiology services. Our Regional Nurse Epidemiologists provide those services for infectious disease surveillance and investigations in 6 regions.
66. Our progress is stalled in terms of the proportion of our seniors getting a flu shot annually. Despite this being a high-risk group for severe flu, about 1/3 are not getting an annual shot.
67. Likewise, we have seen some alarming reductions in our childhood basic immunization rates from highest in the nation

to average. However, last year's rate indicates a possible reversal in this trend, but because the sample sizes are small, we will need to see additional years' data before determining if indeed the trend is reversing.

68. This is another graph of childhood immunization rates, showing similar trends, with recent Maine rates even below the national rates.
69. Tuberculosis, our number one killer 100 years ago, still challenges us, especially because most who are infected face many barriers – for instance, being homeless, being in jail, or having language barriers.
70. Foodborne infections are a good monitor of how safe our food supply is as well as how safe our food handling is.
71. With testing technology improving, we are able to detect more Chlamydia, the most common sexually transmitted infection. Though our rates are not making recent progress, our rates remain about half of the national rate.
72. This is an indicator of how late some with HIV infection are being diagnosed. Hopefully, with the recent CDC recommendation for more universal screening, we will see some progress in this objective.
73. In summary, we have a lot of progress to be made with infectious diseases. Because these objectives were developed several years ago, pandemic influenza preparedness was did not have its own objective. However, there are several Healthy Maine 2010 objectives that directly relate – ones on regional epidemiology and planning objectives found in the Access goal area.
74. Our 6th goal area – injury.
75. Motor vehicle crashes continue to take a toll on our health system that appears to be increasing,...

- 76. ...with concurrent decreases in death rates that are below the national average. However, with about 200 mostly young people and seniors dying on our highways, this is still a tragic toll.**
- 77. Seatbelt usage is improving, but recent data show we are still below the national rate.**
- 78. Falls continue to be a major cause of hospitalization and death among our seniors, contributing to the inability of many to live longer and healthier lives.**
- 79. There are several objectives showing us to live in an increasingly violent society. For instance, assault injury hospitalizations is increasing, especially for Maine men.**
- 80. Child abuse is trending downwards, but it is incredible that almost 2,100 children are reported and substantiated to be abused or neglected every year.**
- 81. In summary, we face more challenges than successes in the injury goal area.**
- 82. Our 7th goal area – mental health.**
- 83. Hospitalizations due to self-inflicted injuries is sometimes a more sensitive measure of suicidal ideation than actual suicide rates. As you can see, hospitalization rates are increasing.**
- 84. The Behavioral Risk Factor Surveillance System now asks about mental health. Reviewing five year's of Maine data, we see that 10% report frequent mental distress.**
- 85. This is fairly comparable to the national rate.**
- 86. And, if you ever wanted data showing a relationship between mental health and physical health among us Mainers, here it is. Among those with frequent mental distress: smoking rates twice as high; obesity rates almost a third higher; eating**

healthy one-seventh; as well as heavy drinking and physical inactivity rates that are higher.

87. And, not only are high blood pressure and cholesterol rates higher, but asthma and diabetes rates are both almost twice as high.
88. We have a ways to go to be number one. Since these data list Louisiana as the healthiest state and is from 2004, this is before Katrina.
89. In summary, some significant challenges in mental health, especially among the co-occurring medical conditions and risk factors. Our opportunity here is how we can bring together public health and mental health strategies to both improve our services to those with mental health issues and to improve the mental health of the entire population.
90. The 8th area – Occupational Health.
91. We are making progress with nonfatal occupational injuries, primarily in progress on repetitive motion injuries.
92. And, some progress with occupational deaths, though one is certainly too many.
93. So, some progress.
94. Our 9th area – Physical Activity and Nutrition.
95. About 25% of our high school students still watch two or more hours per day of television, and this rate has not budged.
96. Only about 25% of our high school students engage in moderate physical activity, and again, not much progress here.
97. However, over the past decade we have made fairly good progress in the proportion of us adults who are physically inactive. From 40% in 1994 to 22% last year, and close to our 20% HM2010 goal.

- 98. We are seeing an alarming trend among adolescent eating habits. Those eating at least 5 servings of fruits and vegetables decreasing from 35% in 1995 to 19% in 2005, and now below the national average.**
- 99. We adults are doing a bit better – making gains and coming within 2% points of reaching our 2010 goal of 30%.**
- 100. Not surprisingly, we are not making good progress with the proportion of our adolescents who are overweight.**
- 101. With a whopping 60% of us adults being overweight or obese (and since this is self-reported data, the % is probably closer to two-thirds), this is still an epidemic, but from these data, there is the possibility that the proportion of us who are overweight may be starting to plateau.**
- 102. That may be optimistic, given that our major challenges appear to be in adolescent behaviors leading to obesity and overweight.**
- 103. Our 10<sup>th</sup> and last goal area – Substance Abuse including Tobacco.**
- 104. Binge drinking is still a major public health issue, and it appears rates could be starting to plateau after several years of increasing rates here in Maine.**
- 105. Our heroin use rates among high school students remain higher than the rates nationally, and have not changed.**
- 106. Likewise, marijuana use among our high school students remains higher than the US rates, but appear to be decreasing slightly.**
- 107. And, here is one of our biggest successes in this past decade – the dramatic reduction of high school smoking rates, surpassing the national declines.**

- 108. Our adult smoking rates are even starting to come down.**
- 109. Our tobacco consumption has decreased by almost 30%.**
- 110. Smoking rates among pregnant women are improving, but we still face major disparities between low-income pregnant women and all others.**
- 111. In summary, we are making progress in tobacco but losing ground in some alcohol and heroin use.**
- 112. Given that tobacco is the underlying number one cause of premature death and disability in Maine, we should all be proud of the work we have accomplished together. However, we should not forget about the continued challenges we face.**
- 113. We don't have to go far to look for these challenges. 10 years ago this coming month, it was announced Maine had the highest young adult smoking rate in the nation. This was the statistic that helped put into motion tobacco tax increases and the first state funding to address tobacco. As you can see, our young adult smoking rate is stalled.**
- 114. Our children are still exposed at high rates to secondhand smoke. And, finally, I was talking with a Portland vascular surgeon the other day. I asked him what portion of his practice is made up of smokers. He said "95%". I asked him how business is. He said several years ago there were 2 vascular surgeons in this practice, now there are 4, and they are recruiting for a 5<sup>th</sup>. We don't have to look far to see that despite our tremendous successes, we have a long ways to go before we can start writing the final chapters on tobacco.**
- 115. So, I've briefly reviewed for you progress on some Healthy Maine 2010 objectives and State Health Plan benchmarks.**
- 116. & 117. I would like to share with you some final cross-cutting challenges I think public health in Maine faces.**

**118. First, the Public Health Work Group continues its challenging work...**

**119, 20, 121, 122, 123, 124...in trying to define and build a statewide public health system. What current infrastructure do we use and what map do we want our public health system to follow or look like?**

**125. A second major challenge we face is health disparities.**

**126. For those health issues that we have good data systems, we can easily see these disparities.**

**127. For other health issues and for a number of populations facing disparities, we face challenges in not having adequate data systems to show and track disparities in Maine. And, as they say, no data, no problem! The good news for racial and ethnic minority health issues, we now have an Office of Minority Health, and its director, Lisa Sockabasin, has done a great job in keeping minority health issues on the radar screen of those of us in state government as well as reaching out to minority communities in Maine.**

**128. Poverty continues to be our biggest known disparity. We are very challenged at every level – state and local – to effectively address the public health issues faced by those with low income.**

**129. Now that we have an Office of Women's Health – its director, Sharon Leahy-Lind, has also done a great job working with many partners to describe these health disparities, but we still face challenges in effectively addressing them. And, we are not addressing men's health disparities in any organized way.**

**130. Likewise, we have seen some successes in addressing sexual minority issues, but still are very challenged to adequately describe and track these health disparities and to address them.**

**131. Likewise, there are other disparities we are not effectively tracking or addressing. Age disparities are especially challenging, given that adolescents are often considered some of**

**the most underserved age group; and on the other end of the life span, we face the fact that Maine is the oldest state in the nation (with the highest median age at 42, nearly 5 years older than the national average) and that by 2025, one-quarter of Mainers will be a senior citizen.**

- 132. A third major challenge we face is workforce development. The good news is that we are blessed with a very dedicated public health workforce. The bad news is that many have not had opportunities to become fully educated and trained in public health. But, the good news is that with UNE and USM and other educational institutions in Maine, opportunities are increasing.**
- 133. A fourth major challenge is the crippled national health system we are a part of, especially the health care system that surrounds us.**
- 134. The sky-rocketing costs of US health care, especially compared with other countries, is draining resources from public health.**
- 135. And, this relates to public health. In fact, our high spending does not mean our public's health is better, it is not at all.**
- 136. Fortunately, we in Maine are trying to address the need for comprehensive health reform through the Dirigo Health Initiative.**
- 137. And, lastly, a 5<sup>th</sup> challenge I would like to put out there. Our identity as public health. All of these issues listed, and more, are at times promoted as public health.**
- 138. And, that can be a good thing! We are all one!**
- 139. But, I also worry that we not lose our identity. Public health and all the other items listed – the economy, education, transportation, environment, etc. – are all part of an overall society blanket, and each a thread. When one thread unravels, the others do too. When one thread is strengthened, the entire blanket is strengthened. For instance, when the economy is**

**strengthened, public health is, and vice versa. We are one... but we are also distinctive.**

- 140. Public health has its own set of measured outcomes, its own strategies, its own profession. But when we work together with others, maintaining our own outcomes and strategies and profession, we all benefit.**
- 141. And, finally, I want to mention a couple of cross-cutting public health successes that you are all responsible for.**
- 142. Public Health is on the agenda in Maine! This is a list of conferences from the past year at the Augusta Civic Center with the top attendances. Notice that out of the top 9, 5 of them are public health conferences, including the highest attendance at any conference they have ever had – 1,100 to the pandemic flu summit in September.**
- 143. We also have a road map for success. The first ever straight A report card from the American Lung Association is an outcome growing out of many working successfully together with planned strategies toward Maine becoming the healthiest state in the country.**
- 144. We also have great people and visions working in public health. Over 10 years ago when I took this job, you and I did not know each other. Now, I can honestly say that the best part of my job is the people from across the state I get to work with. I look out on a sea of friends and colleagues, especially my beloved assistant Elaine, and I just want to thank you from the bottom of my heart for all that you do to serve Mainers and for your patience, kindness, and friendship with me. I truly believe that if we stay focused on our goals and objectives and address the five challenges I have reviewed, that together, we can continue to assure all Mainers longer and healthier lives and that Maine will indeed be the healthiest state in the nation. Thank you!!**