



Healthy Maine 2010: Longer and Healthier Lives

Primary Author and Editor:

Dora Anne Mills, MD, MPH, Director, Bureau of Health
Maine Department of Human Services
and State Health Officer

Project Coordinator:

Sharon Leahy-Lind, MPPM
Edmund S. Muskie School of Public Service
University of Southern Maine

Goals, objectives, major narrative points,
and health disparity issues chosen by
over 500 Priority Area Work Group Members
and other statewide experts

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Bureau of Health
Maine Department of Human Services
11 State House Station
Augusta, Maine 04333-0011
Telephone: (207) 287-8016



Table of Contents

Acknowledgments for <i>Healthy Maine 2010</i>	iv
Introduction	vi
Using <i>Healthy Maine 2010: Longer and Healthier Lives</i>	viii
How Did September 11, 2001 Influence <i>Healthy Maine 2010</i> ?	x
What Is <i>Healthy People 2010</i> ?	x
What Are the Differences Between Public Health and Medicine?	xi
Types of Prevention	xii
How <i>Healthy Maine 2010</i> Fits in with Other Books of Indicators	xiii
Chapter 1: Access to Quality Health Care, Disease Prevention, and Health Promotion	1
Chapter 2: Chronic Disease	19
Profile: Cameron Bopp, M.D.	53
Chapter 3: Environmental Health	57
Chapter 4: Family Planning and Perinatal Health	71
Profile: Rachel Thompson and Sadie Lloyd	80
Chapter 5: Infectious Disease and Immunization	85
Chapter 6: Injury	101
Profile: Joseph Mayo, Clerk Emeritus of the Maine House of Representatives	127
Chapter 7: Mental Health	131
Chapter 8: Occupational Health	141
Profile: Frances W. “Frannie” Peabody	147
Chapter 9: Physical Activity and Nutrition	151
Chapter 10: Substance Abuse	163
Appendices	180–193
Public Health Concepts	180
Some Major Maine Public Health Data Sets	184
Some Helpful Government-Related Health Websites	187
Organizational Charts	189
Highlights of <i>Healthy Maine 2010</i> Evolution	192

Acknowledgments for Healthy Maine 2010

Hundreds of people from across Maine deserve a tremendous thank-you for their willingness to contribute toward and their dedicated efforts in creating *Healthy Maine 2010*. In fact, over 500 people participated in the creation of *Healthy Maine 2010*. Although it is impossible to fully thank everyone, there are several groups that deserve special recognition.

First, with any such inclusive project that brings together input from hundreds of people, there is usually one central person who makes it happen – one person who facilitates the process, routinely communicates with its members, and coordinates the pieces. That person is **Sharon Leahy-Lind**, formerly from the Edmund S. Muskie School of Public Service at the University of Southern Maine. Sharon's dedication to *Healthy Maine 2010* was critical to its development. She was the hub in a wheel with many spokes and she kept the wheel turning!

Second, each Priority Area Chapter in *Healthy Maine 2010: Longer and Healthier Lives* had at least one **work group** that met to confirm or revise the goal for each Priority Area, prioritize objectives, note major points that should be made in each chapter's narrative, and name populations that appear to be at risk for health disparities in Maine. Members gave this input either by attending a half-day meeting in Augusta or by participating in and communicating on the priority area Listservs created for this initiative. Work group members also then received draft copies of each chapter's text and objectives to review. Many spent time providing us with very useful edit suggestions.

Third, **Work Group Leaders** provided leadership to each Priority Area. They gave important input to the process for creating *Healthy Maine 2010: Longer and Healthier Lives*, they led the work group meetings, they spent considerable time providing edit suggestions to several drafts of the chapters; several assisted in writing the chapters; they helped or determined how objectives were to be measured; they assisted in or set the targets; and they gave important ongoing input. Some also reviewed and provided edit suggestions to *Healthy Maine 2010: Opportunities for All*.

Fourth, in addition to the work Sharon Leahy-Lind did, other staff from the **Institute for Public Sector Innovation (IPSI) at the University of Southern Maine's Edmund S. Muskie School of Public Service** provided support by arranging logistics for, facilitating, and recording the outcomes of the ten work group meetings during the winter and spring of 2001. Melanie LaPierre created the work group membership database. Janice Overlock, Karen Lucarelli, and Julie Gant coordinated work group meetings and logistics. Kay Dutram, Stirling Kendall, and Ruth Thomas facilitated the meetings. Janice Overlock and Jane Peatfield recorded meetings and managed work group membership information. Janice Overlock also assisted Sharon throughout the project. George Shaler and Elizabeth Martin assisted with some data gathering and interviews. Finally, Susan Ebersten provided the flexibility in scheduling and allocated the resources needed to assist the Bureau of Health with this two-year multiphase project.

Fifth, **experts from around the State** assisted greatly in creating *Healthy Maine 2010: Opportunities for All*. They provided important perspectives and suggestions on addressing health disparities in Maine and spent considerable time providing edit suggestions to this section. Their names are found in that volume.

Sixth, the **CD&M Communications team** pulled together the many sections for this report, proofread, and created a layout and design that most effectively helps communicate the *Healthy Maine 2010* goals and objectives.

Seventh, many **staff from the Bureau of Health** spent countless hours gathering data and information for the objectives and the call-outs, setting targets, and providing edit suggestions to various drafts of the chapters. Particularly noted are the efforts of Dom Lemieux from the Bureau's Office of Data, Research, and Vital Statistics who spent hours converting data from the 1990 base population to the new 2000 census population base; Alice Rohman from the same office who spent hours gathering and organizing data; Judith Graber from the Bureau's Behavioral Risk Factor Surveillance System who gathered and analyzed data from BRFSS and thoroughly reviewed the many related charts; and Elaine Lovejoy from Bureau of Health Administration who provided much-needed technical support and an unwavering commitment throughout the entire two-year project.

I would also like to thank Lani Graham, MD, MPH, and the **Bureau of Health's Senior Management Team** for maintaining the Bureau of Health during my maternity leave late spring and summer of 2002. Knowing the Bureau of Health was in great hands with Dr. Graham as Acting Director and its Senior Management Team at the helm, I was able to enjoy this precious time with my children, finish writing, editing, and pulling together *Healthy Maine 2010: Longer and Healthier Lives*, as well as write, edit, and pull together *Healthy Maine 2010: Opportunities for All*.

Finally, I would like to extend my sincerest gratitude to Governor Angus S. King, Jr. and Commissioner Kevin W. Concannon, who have shown great support for public health the past eight years, and whose efforts will make it possible for many more Maine people to have the opportunity to live longer and healthier lives.

Dora Anne Mills, MD, MPH



Introduction

Rooted in science and cultivated by the input of many, *Healthy Maine 2010* is a story with many storytellers. It is a portrait of the health issues we as Maine people and community face, and a map of the journey we would like to embark on throughout this decade.

Healthy Maine 2010's journey has two major destinations: an increase in quality and years of healthy life and an elimination of health disparities in Maine. In other words, its overall goal is that everyone in Maine has the opportunity to live longer and healthier lives. While *Healthy Maine 2010* is meant to convey Maine's public health priorities for this decade, it is also meant to be a resource for public health information and a tool for implementing public health interventions.

Although *Healthy Maine 2010* focuses on health issues, we recognize that health is impacted by and, in turn, impacts a confluence of social factors. For instance, our systems of health, economy, environment, educa-

tion, infrastructure such as transportation, and politics are all systems that cover a society like fibers of a blanket. When one fiber is unraveled or torn, the other fibers are also affected. So, even though the scope of this book is health, we recognize the influence all these systems exert on each other. Therefore, I hope this book also helps to promote improved collaboration between people and organizations across all systems to improve the overall health of Maine people and communities.

Ultimately, I hope we are inspired to become involved or continue our commitment to public health in Maine, especially in supporting community-based public health. As a practicing physician in my hometown, I often noticed that although the time spent with patients in my office was an influence on their health, there were so many other factors affecting their health that I felt I had little influence over. For instance, even though my counseling on the

harmful effects of tobacco consumption had some effect, it appeared that if a child's parents smoked, their friends smoked, public places they frequented allowed smoking, and they were not busily engaged in healthy extracurricular activities such as sports, these other influences often dominated. However, a small diverse group of local residents had started a coalition to address the health of the community, and some health care

TWO OVERARCHING GOALS OF HEALTHY MAINE 2010:

- 1. Increase quality and years of healthy life.**
- 2. Eliminate health disparities.**

TWO VOLUMES OF HEALTHY MAINE 2010:

- 1. *Healthy Maine 2010: Longer and Healthier Lives*
Goals and objectives for each of 10 health priority areas**
- 2. *Healthy Maine 2010: Opportunities for All*
A sketch of health disparities faced by some populations in Maine**



providers had started some secondary prevention initiatives. It soon became apparent that they were starting to change the cultural norms and factors in the community environment that ran counter to a healthy life. Many of the successes of public health interventions in Franklin County are well documented. Today, they are now one of many such efforts around Maine. These efforts show that when there is commitment and collaboration to address the health of the community, especially when involving a diverse group including those from the public health and medical sectors, we can all live in a healthier community and have the opportunity to live longer and healthier lives.

Indeed, whether you are a health or public health professional, a policymaker, a stakeholder, or you are a concerned citizen who is simply interested, I hope that as you read *Healthy Maine 2010* you are motivated to join us in this journey to assure that all Maine people have the opportunity to live longer and healthier lives.

Dora Anne Mills, MD, MPH

It seems that health care has been near or at the top of every state and national candidate's priority list the last few election cycles. How does *Healthy Maine 2010* help them?

Although the immediate concerns on elected officials' plates often center around controlling health care costs and improving access to care, *Healthy Maine 2010* provides guidance on how Maine people and communities can become healthier so that all of us can have the opportunity to live longer and healthier lives. Many of its goals and objectives have policy implications for elected officials to consider.



Using *Healthy Maine 2010: Longer and Healthier Lives*

EACH CHAPTER CONTAINS:

1. Goal Statement:

This simple statement summarizes the overall purpose of the focus area.

2. Overview:

The overview addresses the overall nature of the focus area, provides key trends and developments in the area, and gives other pertinent information.

3. Strategies:

This section is a list of sample strategies that can be implemented to address the challenges posed by that particular focus area. Strategies are organized in order of primary to secondary to tertiary prevention strategies.

4. Health Disparities:

Using information from *Healthy People 2010*, this section is a list of populations that are nationally known to face disparities in this particular focus area.

5. Objectives:

This section provides measurable outcomes to help achieve the goal for the particular focus area. Developmental objectives are currently not measurable, and will be dropped if they are still not measurable by 2005. The numbers beside most objective titles refer to the *Healthy People 2010* comparable objective. Objective titles without a number are Maine-specific objectives.

Objectives are generally listed in order of the type of prevention they are focused on: primary to secondary to tertiary prevention. Baseline, target, and available trend data for each objective are graphically represented by charts.

Do you have an idea or feedback on *Healthy Maine 2010*?

You may provide feedback and ideas through our Web site, www.MainePublicHealth.org.

ABOUT THE CHARTS

Please note that curved lines (rather than straight lines) are used in a few of the charts to connect trend data points. However, the use of curved lines is not standard for non-continuous data such as BRFSS data. In the few instances in which curved lines are used for such data, we were unable to correct these to straight lines, but we did want to make a note of this nonstandard representation of the data.



BIOGRAPHICAL SKETCHES

Healthy Maine 2010: Longer and Healthier Lives contains four biographical sketches that describe how individual Mainers grabbed a health issue they saw in their community and took action. One helped build support for a community facing prejudice and an epidemic (Frannie Peabody), another helped pass legislation to break down barriers to accessing care (Joe Mayo), another formed coalitions in his community to address a variety of health issues (Dr. Cam Bopp), or they took a leadership role in their community to build support for a specific approach to a health issue (Rachel Thompson and Sadie Lloyd). Each of these Mainers, and many others, have made a difference in the health of others. We hope these sketches will inspire all of us to use the data and information contained in this book to help improve the health of others as well.

HOW WILL PROGRESS BE COMMUNICATED ON HEALTHY MAINE 2010?

Resources permitting, we plan annual report cards reporting on progress made with the objectives. Additionally, we plan on focusing each report card on a particular factor leading to health disparities. For instance, the 2003 report card may focus on gender, with a report on objectives with gender analysis on pertinent ones.

SOURCES OF DATA IN *HEALTHY MAINE 2010*

***Healthy Maine 2010* was created in a very inclusive manner with the assistance of over 500 people from across the State. As a result, you will notice that many perspectives are conveyed, not all of them necessarily representing the opinions of involved State agencies, other organizations, or participants.**

National Data: Unless otherwise noted, all national data contained in *Healthy Maine 2010* is from *Healthy People 2010*:

US Department of Health and Human Services.
Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: US Government Printing Office, November 2000. For more information contact: <http://www.health.gov/healthypeople> or call 1-800-367-4725.

Maine Data: Unless otherwise noted, all Maine health data contained in *Healthy Maine 2010* is from the Bureau of Health, Maine Department of Human Services.



How Did September 11, 2001 Influence *Healthy Maine 2010*?

Halfway through the creation of *Healthy Maine 2010*, the entire project was put on hold for several months after September 11, 2001, so we at the Bureau of Health could pour our efforts into preparing Maine for potential attacks with weapons of mass destruction and dealing with the attacks nationally from anthrax. This work taught us much about our public health systems in Maine.

We learned we lack adequate communication systems to provide timely and critical information to health professionals and the public. Although our aviation system has the capacity to communicate with all air-ports and airborne aircraft, we lack analogous systems to communicate with hospitals and health care providers.

We learned our passive disease reporting system does not provide us with timely information and is not an adequate barometer on emerging health issues we may be facing.

We learned we need additional collaborations between medical and public health communities at the local level – with connections to the Bureau of Health such as identified local medical public health professionals to provide a leadership role during public health situations. Fortunately, Federal funds are assisting us in addressing these challenges.

However, we also learned more about the power of collaboration. Despite the above gaps and limitations that badly need fixing, we were also able to adequately address the anthrax attacks because of critical collaborations with other agencies including the Maine Emergency Management Agency, the Maine Departments of Public Safety and Education, Maine's hospitals and other health care providers, county and local emergency management agencies, numerous public health professionals, and many others.

When *Healthy Maine 2010* was resumed, surprisingly few updates were necessary to add to the original text written pre-September 11, since it already contained information on addressing gaps in our public health system – gaps we simply learned about firsthand during the months after September 11.

What Is *Healthy People 2010*?

Healthy People 2010 is a comprehensive, nationwide, health promotion and disease prevention agenda. Grounded in science and built through public consensus, *Healthy People 2010* is designed to measure progress toward improving the health of all people in the United States during the first decade of the twenty-first century.

How does *Healthy People 2010* relate to *Healthy Maine 2010*?

Healthy Maine 2010 uses *Healthy People 2010* as the template for its formation. For instance, all 28 of *Healthy People 2010*'s priority areas were used and merged to create the 10 *Healthy Maine 2010*'s priority areas. *Healthy Maine 2010* work groups used the 467 objectives from *Healthy People 2010* to choose Maine's objectives. Only occasionally were Maine-specific objectives created.

A similar process was also used to create both sets of objectives. Just as *Healthy People 2010* solicited input from a wide range of people, so did *Healthy Maine 2010*. For more information or access to *Healthy People 2010*'s documents, visit <http://www.health.gov/healthypeople/> or call 1-800-367-4725.



What Are the Differences Between Public Health and Medicine?

The ancient Greeks believed that Asclepios, the god of medicine, had two daughters: Hygeia, who was responsible for prevention; and Panacea, who was responsible for treatment and cure. To some degree, these two daughters represent the differences between public health and medicine.

Medicine is traditionally mostly:

- Focused on individuals;
- Illness-driven; and
- Focused on tertiary prevention.

Public Health is traditionally mostly:

- Focused on populations;
- Prevention-oriented; and
- Focused on primary and secondary prevention.

Prior to the twentieth century, medicine and public health were one field. A physician was not only responsible for the care of individual patients, but was also responsible for the the health of the community. For instance, 100 years ago Maine towns had local boards of health headed by local Health Officers, who were mostly physicians. The board of health addressed such issues as quarantining, clean water, and animal hygiene.

Over the last century, medicine and public health grew apart, especially as medicine became more illness-focused because of modern advances in disease treatment. Today, we hope that the two disciplines grow closer together, especially since without more public health and medicine collaboration, we cannot effectively address many of the health issues that plague us.

One specific strategy that is being implemented across Maine to help bridge these two disciplines is the hiring (through Federal bioterrorism funds) of a regional Medical Officer for each of six Emergency Medical Services regions of the State. These practicing primary care physicians will assist in preparing the area for public health emergencies, as well as acting as a liaison between the regional public health and medical communities. Working with the Medical Officers will be Regional Nurse Epidemiologists, who will focus on improving disease surveillance.

PUBLIC HEALTH APPROACH TO HEALTH PROBLEMS:

The public health approach to address health problems involves spending our shared health resources on those interventions that are cost-effective. The goal is to maximize health gain from available resources.

For most health issues, a public health approach involves:

- 1. Identifying and addressing the underlying risk factors and priority populations;**
- 2. Assessing cost and effectiveness of interventions;**
- 3. Implementing policies for rationing interventions and ensuring that limited resources are spent in identified high priority areas; and**
- 4. Assuring quality of service delivery.**

World Health Report 2000, World Health Organization, page 58.



Types of Prevention

A multifaceted approach is needed to effectively address health issues we are challenged with. The framework public health uses for thinking of strategies for addressing health issues is the primary, secondary, and tertiary prevention framework.

Primary prevention strategies are aimed mostly at a broad population with the main objective of preventing risks. Using the example of tobacco addiction, primary prevention strategies include those that create a cultural change so that everyone lives in a culture that supports a tobacco-free life. Specific examples include creating smoke-free places and eliminating tobacco advertising. Primary prevention strategies also includes educating all people about the hazards of tobacco addiction.

Secondary prevention strategies are aimed mostly at those at risk for a disease or health issue, with the main objective of reducing risks. Examples include tobacco outreach and education efforts aimed at high-risk youth, such as any youth living at low socioeconomic status and Native American youth.

Tertiary prevention strategies are aimed mostly at those with a disease or health issue, with the main objective of reducing disease burden. Examples include strategies to help smokers quit.

“Health has to be a key element in working toward a common future. We cannot achieve the goals of sustainable development in the face of widespread ill health, particularly among poor people. Improving healthy life is not only a desirable outcome of sustainable development, it is also a powerful and undervalued means of achieving it. Poor people who are sick cannot earn and cannot learn.”

Gro Harlem Brundtland, MD, Director-General, World Health Organization, July 2002

	Objectives	Priority Population
Primary Prevention:	Risk Prevention	General public
Secondary Prevention:	Risk Reduction	Those at risk for disease
Tertiary Prevention:	Disease Burden Reduction	Those with disease



How *Healthy Maine 2010* Fits in with Other Books of Indicators

Health Care Performance Council

The Maine Development Foundation is convening and providing administration to this Council to identify and track indicators that measure Maine's health care delivery system. They include identifiers to measure participations in the health care delivery system, quality of health care delivered, and the financial cost that our health care system incurs. More information can be obtained by contacting Katie Fullam Harris at (207) 622-6345 or <http://www.mdf.org>.

Maine Kids Count Annual Data Book

The Maine Children's Alliance gathers and presents State and Federal health, socioeconomic, and education data pertaining to children and presents the data at the State and county levels. Each year's book is usually available in January or February. This year's is the seventh. For more information contact: (207) 626-3302 or <http://www.mekids.org>.

Measures of Growth

The Maine Development Foundation prepares an annual report for the Maine Economic Growth Council on Maine's economic indicators. The 2002 report provides updates on 60 indicators, including those on the economy, community, and environment. It is the eighth annual report. Copies can be obtained by contacting (207) 622-6345 or <http://www.mdf.org>.

Maine Marks

The Maine Children's Cabinet, which is composed of State departments directly related to children and families – the Departments of Corrections, Education, Human Services, Behavioral and Developmental Services, and Public Safety – initiated this effort in 1998 to identify 80 indicators that track the well-being of Maine children, families, and communities. Ownership and accountability for the Maine Marks indicators are with the State agencies that are members of the Children's Cabinet. Coordination and tracking is done through the Muskie School of Public Service, University of Southern Maine. More information can be obtained by contacting <http://www.mainemarks.org>.

Healthy Maine 2000

This is a set of health goals and objectives for Maine for the year 2000 and the predecessor of *Healthy Maine 2010*. Originally printed in 1993, a midcourse review was printed in 1997, and a final report, *Healthy Maine 2000: A Decade in Review*, in October 2000. For copies of *Healthy Maine 2000: A Decade in Review*, call the Bureau of Health at (207) 287-8016.

What is the Maine Turning Point Project and how does it relate to *Healthy Maine 2010*?

Maine Turning Point Project (TPP) is a collaborative project convened by the Maine Center for Public Health, Medical Care Development, and the Maine Bureau of Health in 1999 to build public health infrastructure in Maine. The planning phase was conducted from 1999–2001. The project is currently in the implementation phase, which is housed in the Maine Center for Public Health.

Whereas TPP plans *how* public health can be conducted in Maine, *Healthy Maine 2010* gives us a map of *what* are priorities of public health issues that can be addressed. TPP gives us form, *Healthy Maine 2010* content.

More information can be obtained by contacting the Maine Center for Public Health at (207) 629-9272 or <http://www.mcph.org>.