Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

SHIP Priority Setting
(Scoring for each criteria on a 1 to 6 basis)

	Burden	Disparity	Integration	Alignment	Evid. Based	Feasibility	Total
Tobacco	5	5	6	6	5	3	**30**

Burden:
- "Leading cause of preventable death"-
- Long-term consequences of life-long use.

Disparities:
- 1 in 3 pregnant women on MaineCare smoking, 43% MaineCare recipients

Integration:
- Many links between behavioral health and tobacco use,
- Primary care providers have a strong role with cessation,
- Dental providers may also have a role.

Alignment:
- Continuing issue at national and public health district levels,
- Fits in with Healthy Maine 2020

Evidence Base:
- Many of the evidence based strategies we have in place, but will continue to work on others
- Need to explore the evidence base for specific populations.

Feasibility:
- Difficult but possible.

Substance Abuse & Mental Health	6	4	6	6	5	3	**30**

Note: at the request of DHHS leadership, mental health was added to this priority. However, the scores and comments here reflect only substance abuse.

Burden: Note: the major theme from the survey within substance abuse was prescription drug abuse.
- The prevalence for prescription drug use is low but prevalence for drug use overall is high (binge drinking, marijuana). Alcohol use in general is much higher.
- The percentage of kids on some sort of medication that is legally prescribed is relatively high in Maine.
- Also, burden is high because of multiple consequences, impacts on those who are not abusing substances. Prescribing practices may be a contributing factor.
- Marijuana use on the rise, possibly because of the legalizing for medicinal purposes.

Disparities:
- Native Americans and Blacks/African Americans report higher use.

Integration:
- Behavioral health linkage is obvious – SAHMS will be a critical partner
- Integration with primary care and hospitals is necessary.

Alignment:
- Continuing issue at national level (especially prescription drug use);
- While not all DPHIPs have this as a priority, it is still part of the work that is being done,
- Fits in with Healthy Maine 2020

Evidence Base:
- Strong for many strategies, sub-issues

Feasibility:
- Access to treatment could be costly,
- There are shrinking federal resources of education and prevention. We have good programs (evidence-based) but not the same funding going to them as in the past.
- Education of providers to change prescribing habits is feasible.
- Enforcement can be difficult in some small towns that do not have their own police department and depend on county sheriff department for coverage – therefore resource intense.
- There is also the cultural issue – what is abuse?

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	Burden	Disparity	Integration	Alignment	Evidence Based	Feasibility	Total
Obesity	5	5	6	6	4	3	**29**

Burden:
- Very high when overweight is included.

Disparities:
- Exist in multiple groups (geographic, race and ethnicity)

Integration:
- Perception that health care providers could be doing more.
- There are many links between obesity and behavioral health.

Alignment:
- Continuing issue at national and public health district levels,
- Fits in with Healthy Maine 2020

Evidence Base:
- Some exists, but lack of progress shows that we need more evidence based strategies.

Feasibility:
- Costs for statewide effective interventions may be high.
- Convincing health care providers to act on body mass index information may be challenging,
- Possible shrinking federal resources of education and prevention.

Immunization	4	2	5	5	6	6	**28**

Burden:
- Rates are relatively good, but not as high as optimal
- Rates for flu in particular are low.

Disparities:
- Limited data.
- Vaccination rates are known to have pockets within the groups (beyond those for which have data).

Integration:
- Strong links for primary care and hospitals.
- Less so for behavioral health.

Alignment:
- Continuing issue at national and public health district levels, especially flu.
- Fits in with Healthy Maine 2020.

Evidence Base:
- Strong evidence base on methods we are using and on immunization in general.

Feasibility:
- With Universal vaccination, we have a strong system to make improvements.
- Resources are available.
- Affordable Care Act provides opportunities.

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	Need	Disparity	Integration	Alignment	Evidence Based	Feasibility	Total
3. Inform, educate and empower people	6	4	5	6	4	4	29
Need: If we can have a better informed and empowered population, many cost savings in chronic diseases could be realized. Disparity: Maine's State Public Health System Assessment score is similar the national average, Local Public Health System Assessment scores are on average 20 points lower, with a spread of 26 points. Integration: Hospitals and primary care providers have a strong role in education. The population needing behavioral health services should be a focus. Alignment: This is the strongest priority of the EPHS in the draft DPHIP priorities. It was felt that national priorities align in the area of chronic disease prevention. The Maine CDC strategic plan has a communication piece, but it is more focused on mobilization rather than education. Evidence-base: There are evidence-based strategies, but not full agreement to all of the best methods. Empowering people to change behavior is challenging and more work on the evidence-based is still needed to be fully effective. Feasibility: There are both low and high cost options in this area. However, empowering people to change behavior is challenging. We have shown that we can effectively accomplish this, but continuing these efforts with fewer resources may be tough.							
4. Mobilize community partnerships	5	4	5	4	5	5	28
Need: Much of our work needs strong partnerships, and they can help leverage various resources, possibly saving costs. Disparity: Maine's State Public Health System Assessment score is similar the national average, Local Public Health System Assessment scores are 15-40 points lower, with a spread of 25 points. Integration: There is an obvious need to integrate partnerships with health care, however it was noted that the goals between public health and health care are not always in sync, especially at the local level (between local public health and health care, for example. Alignment: Strong alignment with Accountable Care Organizations and health care reform. Some DPHIPs have included this in the draft priorities. A need for greater alignment may not be as great, given the growth of partnerships via the DCCs in the past few years. Evidence-base: There are evidence-based practices in public health partnerships. Feasibility: Given the current momentum and opportunities, this area seemed to have strong potential for further development.							