2013-2017
Maine State Health Improvement Plan (SHIP)

2015-2016
Report

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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

‘Nothing great is ever the product of one mind. It's always a consequence of some sort of self-critical collaboration.’- Nick Hanauer

When the 2013-2017 State Health Improvement Plan (SHIP) was developed and ultimately approved in April 2014, it was recognized that achieving the many goals that were established could only be achieved through the involvement of many partners and successful collaboration.

As part of this process, skilled subject matter experts and partners from the public and private sectors formed workgroups and developed plans for success, seeking to leverage the knowledge, skills and resources through coordination.

During the summer and fall, plans to implement multiple strategies that have been proven to work were developed. And while the plan was formally approved in December 2014, work to implement many strategies was well underway.

The goals, objectives, and strategies can be found in the original SHIP.

Workgroups reported progress on specific steps in the plan at least once each quarter throughout the year. In the summer and fall of 2014, the workgroups recognized the need to take a step back to assess progress to date in order to make necessary revisions and set the stage for the next year’s work.

Quarterly reporting continued through the second year of implementation. These documents are available on the Maine CDC website: http://www.maine.gov/dhhs/mecdc/ship/

The goal if this report is to provide a summary of the accomplishments in the first two years of the SHIP, while also noting the challenges and changes made to the implementation plan for 2016..

Accomplishments

- Partnerships with health care providers and other state and community groups were improved and were critical to the full implementation of the SHIP in the first year.
- Many groups addressing key areas of need were revitalized, including the Maine State Breastfeeding Coalition.
- An identified barrier to providing school vaccination clinics was removed in year one, when a billing partner was identified to assist schools so they could be reimbursed for the administration of influenza vaccines. Maine’s vaccination rates are now among the best in the nation.
- Use of screening tools reimbursable through MaineCare (Medicaid) for preventive behavioral health care has increased.
- Understanding of behavioral health issues and support for individuals with behavioral health has increased through Mental Health First Aid training across the state.
- Over 800 professional individuals attended tobacco education sessions, increasing their ability to help Mainers quit smoking and to refer smokers to cessation resources.
- Diversity and perspectives on state and local public health coalitions were increased.

- Maine CDC staff and health partners were trained in Cultural and Linguistic Appropriate Services (CLAS) standards, leading to increased capacity to address the needs of all Maine people.
- More than 200 people participated in discussions of the recent Shared Community Health Needs Assessments, informing hospital partners and District Coordinating Councils about their respective community's health needs.
- The skills of the SHIP were leveraged to meet the need of another grant for a Population Health Plan. The savings experienced State Innovation Model grant is being used to support other innovative reforms that improve population health. As part of this new relationship and based on identified needs, diabetes was added as a SHIP priority area.

Challenges:

- In some cases, data sources and definitions need further refinement.
- Clear outcomes of the implementation of the SHIP are difficult to measure due to the lag in population-based outcome data, which is usually one to two years. For example, the direct impact of the public health effort to reduce obesity is nearly impossible to assess. Many factors affect obesity and measurable change requires multiple approaches over many years.
- The tobacco industry is spending an estimated $43 million annually on marketing in Maine, targeting youth and potential new smokers. *(Data source: Campaign for Tobacco Free Kids).* It is difficult to counter these marketing efforts. Effective steps to implementing tobacco-free policies in behavioral health care settings are still being explored.

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