



PHAB Annual Report  
Section II

Approval Date: November 2014 Effective Date: January 2015  
For Health Departments Accredited Under Version 1.0

On this form, you will report on the health department’s activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

<b>Health Department Name</b>
Maine Center for Disease Control and Prevention

<b>Performance Management and Quality Improvement</b>
<b>1. How has the health department implemented and/or changed its performance management system over the past year? Please provide an example of how the health department has tracked its performance. (Word limit: 500)</b>
<p>Maine CDC continues to maintain its performance management system. The basic standards for Maine CDC’s performance management system are provided by the Ten Essential Public Health Services (EPHS) as reflected in the PHAB standards, along with evidence-based practices. Measures have been chosen based on Maine CDC’s Strategic Priorities, which were selected from the EPHS.</p> <p>Data is updated quarterly for fourteen measures. The data is visualized and provided to Maine CDC leadership and staff on our intranet and Network drives via Tableau. Performance measures are regularly reviewed at monthly QI Team Meetings.</p> <p>In 2017-2018, seven measures improved performance, maintained their targets and/or reached their goal. For example, Laboratory Forensics testing had a backlog of over 400 cases at the beginning of last year. Through increased resources, the program has eliminated their backlog. While this measure will continue to be monitored to ensure sustainability, a new measure is in the process of being developed for this program to address another area for improvement within the program. Once a new measure is identified and baseline data is collected, a QI project can commence. The implementation of QI to impact performance measures will be an area of focus in the coming year for all existing measures, as well as new measures.</p> <p>Two divisions within Maine CDC have begun to expand into more process measures that will help drill-down data to identify QI projects. The goal is to develop both division-specific measures and program-specific measures for all Maine CDC units. Two divisions have started to work on division-level dashboards, with some programs initiating unit-level dashboards to assist in meeting performance measures. Dashboard visualizations are being customized within Tableau based on the measure and supporting data. Users can drill-down to research additional information to assist in identifying QI opportunities to help achieve their target. A new Maine CDC strategic plan is currently under development. Once finalized, there will be additional opportunities to revise the Maine CDC-wide performance measure dashboard to align with the new strategic priorities.</p>
<b>2. How has the health department implemented and/or changed its quality improvement (QI) plan over the past year? (Word limit: 500)</b>
<p>The Maine CDC QI Plan is updated at the beginning of each calendar year. This year, the feedback from the 2017 PHAB Annual Report, along with “Culture of Quality” survey results from 2017 and the PHAB reaccreditation standards, were used to review and revise the QI plan. The QI Team revises the plan to ensure that the plan will work across the agency. After being revised and approved by the QI Team, the plan was sent to Leadership where it was reviewed and approved.</p>

One area that the “Culture of Quality” survey identified as an area for improvement was QI training offered to Maine CDC staff. Additionally, the PHAB annual report indicated that Maine CDC could improve QI activities by better tracking projects. In an effort to improve both the trainings offered to staff and the formal (and documented) QI projects, a four-session QI Training Series was implemented, where participants worked on real improvement projects using the Model for Improvement (this series also included training on SMART goals, which was another opportunity for improvement that was outlined in PHAB’s feedback from last year’s annual report).

QI Toolbox trainings that focus on QI methods (i.e. Root Cause Analysis) have also been initiated. These trainings are offered to all staff at Maine CDC, but are piloted to the QI Team first in order to collect feedback and make improvements to the trainings. In addition, a QI reporting template option using questions 7-12 in Section II of the PHAB Annual Report has simplified reporting, and helped to underscore the key elements of a good QI project.

**3. Which of the following most accurately characterizes the QI culture in the health department?**  
*(See <http://qiroadmap.org/assess/> for a description of these phases. Place an X in the column to the left of the phase that best applies.)*

<b>Phase 1: No knowledge of QI</b>	X	<b>Phase 4: Formal QI implemented in specific areas</b>
<b>Phase 2: Not involved with QI activities</b>		<b>Phase 5: Formal agency-wide QI</b>
<b>Phase 3: Informal or ad hoc QI</b>		<b>Phase 6: QI Culture</b>

**4. Has there been a change in the health department’s phase of QI culture in the past year? If so, what has changed and why? (Word limit: 500)**

There has not been a change in the QI culture. Because it is an “off-year” for our biannual staff survey, Maine CDC used NACCHO’s “Organizational Culture of Quality Self-Assessment Tool” to score the current culture phase. The health department falls largely in phase 4. Employees who are involved in the QI Team and employees who attended the QI Training Series have the knowledge, skills, and abilities to complete formal QI. More work is needed to give all staff this ability. A number of QI resources are available for all staff, and “toolbox” trainings are also being offered. Employees are increasingly seeing value in QI, and are starting to gain success when applying it appropriately. But, it is still difficult to get staff to take the time to formalize projects with the consistent use of tools and documentation. The QI Team requested in the QI Plan that Leadership help build the value of QI activity, support staff in QI training, and encourage QI documentation. The QI Plan has set the goal of at least one completed QI project, per program, per calendar year. Leadership has responded by assisting in the identification of projects that are happening. Leadership has also been directing QI project teams to members of the QI Team to help ensure the project team is utilizing proven QI methods and/or tools.

The QI Team reviewed the progress and activities since the 2017 staff “Culture of Quality” survey, which is based on the QI Maturity tool developed by the University of Southern Maine (2012). New members have been recruited for the QI Team. We are in the process of revamping our communication strategies, including collection of information on QI activities. These activities are intended to further engage staff and advance the QI culture. QI Champions have been invited to program staff meetings to help identify QI opportunities.

In past years, QI has been more reactive. This year, we have seen a shift toward using QI more as a strategy for improving work. In some instances, Leadership has even scheduled QI facilitation for programs. For example, Public Health Nursing recently requested help facilitating a QI project focused on improving their referral process. This project will be continuing into 2019.

5. The table below lists several characteristics of a QI culture. Please complete the table below to indicate one concrete step the health department has taken over the past year to improve each characteristic listed and one step it plans to take next year. If the health department has not worked on a characteristic or has no plans to work on it in the coming year, leave that part of the table blank. (See <http://qiroadmap.org/assess/> for a description of these characteristics. Two characteristics – QI model/plan and performance management system - have been omitted from the table because they were previously described in questions 1 and 2.) (Word limit: 100 words per row)

Characteristics	Steps Taken Last Year	Steps Planned for Next Year
<b>Leadership</b>	In 2017, Maine CDC included reviewing performance measures as a standing agenda item on Senior Management Team (SMT) meetings and include discussion of QI activities needed to make further progress. SMT shared success stories with their staff. Despite change in the format of the meetings in 2018, QI is still included. Leadership selected staff to participate in trainings and QI activities, and have requested QI project facilitation for their programs.	QI is central to the revised Strategic Plan for 2018-2019. Further discussions with Executive Leadership are planned to encourage the use of QI in the implementation of the Strategic Plan.
<b>QI Champions</b>	QI Champions delivered “3 Key Takeaways” after QI Team Meetings to make sure Maine CDC staff is informed on issues and topics related to QI. Additionally, QI Champions assisted programs within their Divisions to identify QI opportunities.	Additional encouragement and support for QI Champions to work within their Divisions is planned. Accreditation and Performance Improvement staff are looking for ways to provide more hands-on support to make this feasible.
<b>QI Training</b>	Maine CDC has administered a QI Training series which featured representatives from 19 programs. The participants worked with their programs in between sessions on real QI projects. Additionally, the QI Team has started QI Toolbox Training Lunch & Learns. During Lunch & Learns, staff are given treats or other rewards for participating in the activities.	Maine CDC will be conducting Lunch and Learns focused on QI methods and tools. Some of the trainings that are scheduled include topics like “Process Mapping”, and “Using the Performance Management System to identify QI Opportunities.”
<b>Staff engagement</b>	In addition to more training, staff was engaged in QI projects. By establishing a goal to complete one QI project, per program, per calendar year, expectations across the agency were set and communicated through a variety of channels. Quarterly Accreditation and Performance Improvement updates were sent to all staff, with quizzes and contests to increase readership.	The bi-annual QI culture survey will be administered to all staff. The newsletter and trainings will continue, including an annual QI Training Series offering. In addition, Accreditation and Performance Improvement staff will continue to provide technical assistance to programs engaging in QI.
<b>Resources</b>	Maine CDC revamped and updated the QI pages on the agency’s intranet and has continued to add QI training resources and tools to it. Maine CDC has added questions 7-12 from Section II of the PHAB Annual Report as a template for reporting QI.	Methods to promote the use of the agency’s intranet as a resource and to increase knowledge and use of on-line training opportunities will be explored. In addition, improvements to QI reporting are being considered.
<b>Data</b>	Maine CDC provided further training on the development of SMART goals. In addition, Maine CDC continues to participate in the Department’s performance-based contracting initiative, and has developed a guide for the use of such measures in the contracting process.	Maine CDC will be expanding indicators on the performance management system to include all programs, and encourage the use of the performance management system as a means of identifying QI opportunities.

**6. Please provide a brief overview of QI projects conducted in the past year. Include the number of projects, their type (administrative or programmatic), and the proportion of health department program areas/offices that engaged in one or more of them. Please indicate whether this is an expansion over the past year (e.g., the number and/or type, extent of participation, etc.). (Word limit: 500)**

Maine CDC completed 17 QI projects in the last year. The projects have come from 15 of the 31 (48%) programs within the health department. Of these projects, 5 were administrative, and 12 were programmatic. This is a decrease of 3 total QI projects from the previous year. This decrease is in part due to the QI Team's decision to only count projects that are fully documented in the number that is reported each year. QI projects counted for this report must also include an aim statement, as well as, evidence of QI tool/method use. The QI Team made this decision after filing the Annual Report last year. This decision was made to better track QI projects, and also to hold programs to a higher standard of QI.

**Select one QI project to describe in greater detail below**

**7. What issue did this QI project address? How was that need determined (e.g., Accreditation Committee, Site Visit Report, customer survey, audit, etc.)? What was the QI initiative aim (including the specific measurable goals set for the activity)? (Word limit: 500)**

As a benefit of participating in the Maine Integrated Youth Health Survey (MIYHS), schools receive a school district-level report, which provides comparable data to the state and the county, which helps schools plan health interventions and create health policies. Feedback received after delivering school-level reports, revealed that many of the MIYHS coordinators didn't know how to access the MIYHS website or their reports. Without having access to the website, schools cannot access their specific survey results and therefore cannot use it for planning interventions specific to their school/community. Additionally, without schools receiving the added information, participation in MIYHS could decrease statewide over time, which could decrease the reportability of data over time.

AIM statement:

By 8/31/18, the Maine CDC will increase the percentage of MIYHS user accounts that are active and accurate by 10%. This will occur by first establishing user account baselines, and by establishing a MIYHS protocol surrounding website user account oversight.

*The user accounts were determined to be the appropriate measure, because it was the first step identified in the School-Use Report Process map.*

**8. How was the QI project implemented? What methods and tools were used? Was a pilot conducted? (Word limit: 500)**

A fishbone diagram was used to identify the root causes of the lack of log-ins. There were a number of root causes identified. Additionally, a Process Map was used for determining the school report usage process. It identified that without accurate log-in information, no other interventions would be effective. The QI Project Team also used the Model for Improvement for the improvement process. The first PDSA cycle involved sending a password reset email via the website. It resulted in 32% of bounce backs indicating that many of the account emails were invalid. The second PDSA cycle involved sending a notification to all active School Administrations statewide (using newsletters and "Commissioner's Updates" from the Department of Education), which requested that schools reach out to the MIYHS coordinator if they did not have log-in information, or if they were unaware that the information existed. This notification resulted in 60 schools responding and reporting a lack of knowledge of the website, or log-in/account issues.

**9. Did the health department gain information and/or understanding in the course of implementing the QI project that led the health department to make changes in this project or in other QI work? (Word limit: 500)**

The Maine CDC realized that auditing the website user accounts on at least a yearly basis is necessary to keep user accounts active and updated. There is a high turnover/retirement rate within school administrations and the audit of user accounts will identify non-valid e-mails based on the turnover rate and thus reduce lags in school data access and use. The team also identified a Department of Education email database that will allow for cross-referencing emails in the future.

<p><b>10. What are the outcomes of the QI project (including progress towards the measurable goals that were set)? Please provide specific data. (Word limit: 500)</b></p> <p>Roughly 115 MIYHS Website School User Accounts that were previously either incorrect or inactive were reset (primarily passwords) or updated (i.e. staffing changes). That accounts for roughly 66% of the “never accessed” or “inactive” accounts, and 25% of the entire school user account database (the denominator of this database measure does not include state staff, or community organization accounts). This far exceeds the AIM percentage outlined.</p> <p>As a result of this project, there have been 10 MIYHS data confidentiality agreements submitted by community organizations to work with school districts in their area. These confidentiality agreements are a result of schools seeking help to improve the measures in the MIYHS data and/or the MIYHS coordinator linking the contractors to the schools who need improvement.</p>
<p><b>11. Does the health department plan to do additional work related to this QI project next year? This could include standardizing the initiative or replicating it to other units, service lines, or organizations. (If yes, please describe below. If no, please leave the next box blank.) (Word limit: 500)</b></p> <p>The QI Project Team will be developing a protocol for updating the user accounts annually based on feedback from schools and using the Department of Education school information database to ensure the accounts are accurate. It is possible that the Team will now address additional parts of the School-Use Report Process Map to help schools better utilize the data for school-health improvement and community collaborations.</p>
<p><b>12. To which PHAB measure(s) does this QI project apply?</b></p> <p>1.3.2</p>

## Continuing Processes

### **13. Describe how the health department has updated and/or expanded the community health assessment over the past year. Include information about the process as well as the resultant changes. (Word limit: 500)**

During the past year, planning for the 2019 Maine Shared Community Health Needs Assessment (CHNA) continued. This partnership with the four major health systems in Maine (Central Maine Healthcare, Eastern Maine Health System, MaineGeneral, and MaineHealth) has selected indicators for analyses and begun planning for a new Shared CHNA to be released in early 2019. The health systems have contracted with JSI for some data analyses, report writing and facilitation. Maine CDC is providing analyses of approximately 75% of the indicators by aligning these with program needs.

Local community engagement planning committees have formed and 22 forums are currently scheduled across the state. It is anticipated that more, smaller events and key informant interviews will also contribute to the qualitative data about community needs as assets. In 2019, the information from forums, smaller events, and interviews will be incorporated into the Shared CHNA Reports.

Also, over the past year, further data analyses of Shared CHNA indicators for populations with known disparate health outcomes were completed and two-page summaries of Maine-based data were developed. These summaries are part of the forthcoming, Social Determinants of Health report. Data on the health of transgender students that was collected as part of the Maine Integrated Youth Health Survey has been analyzed and presented to several stakeholder groups. A group of key stakeholders have been meeting quarterly to discuss additional community-based health assessments of populations that are poorly represented in the traditional health surveillance systems due to small numbers or data quality concerns.

### **14. Describe how the health department has implemented and/or revised the community health improvement plan over the past year. Include information about the process as well as the resultant changes. (Word limit: 500)**

A final report for the 2013-2017 State Health Improvement Plan (SHIP) was released in the fall of 2017.

A State-level SHIP was developed in collaboration with the State Coordinating Council (SCC) for Public Health, and published in March 2018. The SCC selected state-level priorities for the 2018-2020 SHIP, based on data from the 2016 Shared CHNA, District priorities, and progress on the last SHIP. These priorities include:

- Cancer,
- Chronic Diseases,
- Obesity,
- Mental Health, and
- Substance Use, including Tobacco.

District Public Health Improvement Plans that were developed in 2017 have been incorporated as sections of the 2018-2020 SHIP. Strategies include those that are part of Maine CDC activities, strategic priorities within collaborating agencies within Maine DHHS, one major health system in the state, and several community-based organizations. A biennial reporting tool is under development.

### **15. If the health department has observed improvements in any of the health status measures in the community health improvement plan, please provide examples here. (Word limit: 500)**

Because new SHIP priorities and objectives were chosen for 2018, no improvements in those have been observed to date. However, there is a significant overlap in the priorities from the last SHIP to the new SHIP, and the following improvements were found in several health status measures related to the previous SHIP:

- Childhood vaccinations increased from 75% (2014) to 76.7% (2017) *as previously reported*.
- Adolescent vaccinations increased from 55% (2004) to 69.4% (2017) *as previously reported*.
- Daily sugar-sweetened beverage consumption decreased from 26.2% (2013) to 20.5% (2017, high school) and 23.4% (2013) to 17.3% (2017, middle school).
- Exposure to secondhand smoke decreased from 43.4% (2011) to 31.1% (2017, high school) and from 28.1% (2011) to 22.8% (2017, middle school).
- Thirty-day youth cigarette use decreased from 15.5% (2011) to 8.8% (2017, high school) and from 4.2% (2011) to 1.9% (2017, middle school).

**16. Describe how the health department has implemented the strategic plan over the past year. (Word limit: 500)**

Maine CDC made progress on all four of its current strategic priorities in the past year. Some examples of progress include:

- **Data:** Implementation of a chronic disease dashboard using data from the state's health information exchange, showing key indicators, such as the percentage of adults who had their diabetes under control and the percentage of adults with hypertension who had their blood pressure under control (increased from 32% to 47% in the first year); completed expansion of ALMS system to track licensing for behavioral health and substance abuse treatment facilities, and launched the public query for behavioral health licenses (Substance Abuse and Mental Health) which includes service level detail. (<https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchCompany.aspx>); made public water system compliance sample results available on-line. The data for these on-line reports are updated on a weekly basis. (<http://www.maine.gov/dhhs/mecdc/environmental-health/dwp/pws/onlineSamples.shtml>)
- **Partnerships:** Re-focused on the activities of the State Coordinating Council for Public Health on the Preventive Health and Health Services Block Grant, and the State Health Improvement Plan, implemented contracts for District Coordinating Council supports and implementation of District Public Health Improvement Plans.
- **Laws & regulations:** Recently adopted the Family Child Care Provider Licensing Rule. The Legislature had recently made parts of the rule "major substantive", meaning that those sections, when amended, had to receive legislative approval to formally adopt. The Maine CDC also did a joint rule with DOE on additional vaccines required for school admission.
- **Efficiency:** Through the development and implementation of ME CDC Contractual and Fiscal Training Handbook for the ME CDC Grants and Contracts Team and the ME CDC Division Directors and Program Managers, ME CDC has improved its processes, access to fiscal and contractual tracking and reporting system, and overall improvement in these processes. The Grants and Contracts Team (GTC) has made process improvements in this document as well and creating and improving an internal ME CDC GTC Contract Tracking Excel Sheets. These tracking sheets allow individual team members to track the status of their assigned contracts through the internal ME CDC contracting process, and allows their manager to track the team progress. A process improvement exercise has been to move this information from the excel sheets to a database for the team.

**17. Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation.**

*(Select all that apply. Place an X in the column to the left of the activity.)*

	<b>Submitted an example to PHQIX</b>	x	<b>Gave a presentation at a meeting</b>
x	<b>Provided one-time consultation to staff at another health department</b>		<b>Provided ongoing assistance to staff at another health department</b>
	<b>Published an article in a journal</b>		<b>None</b>
	<b>Submitted an example to NACCHO's Toolbox</b>		

**18. If the health department provided support or shared its experience with other health departments in a way not listed in question 17 above, please list it below.**

Maine CDC staff participate in both national and New England based workgroups and networking opportunities. For example, Performance Improvement Coordinators and Accreditation Coordinators from the six New England states meet monthly via conference call to shared experiences and ideas for improvements to processes and problem-solving. Maine CDC participates in networks and workgroups established by ASTHO, including the Public Health Performance Improvement Network, and the Accreditation Coordinators Learning Collaborative.

**19. Please describe one of the activities above (questions 17-18) of which the health department is most proud. (Word limit: 500)**

Maine CDC has been working closely with the City of Bangor Public Health & Community Services department for many years but over the past year the focus has been to prepare to apply for accreditation. Bangor's Public Health Director initially met with a representative from Maine CDC to review the "National Public Health Department Accreditation readiness checklist". The readiness checklists were reviewed and various ways that a small health department might approach this work were

discussed. A member of Maine CDC's Accreditation team met again with Bangor's Health Department to review the 12 domains in greater detail. At our next meeting, Domain 7 was used to drill down into the specificity of the work that will be required at the local level. The possibility of meeting with Maine's other accredited local health department, Portland Public Health, for even greater exploration was discussed.

One of the Maine CDC Accreditation Champions (MAC) connected Bangor Public Health to the Accreditation Coordinator at Maine CDC. Several phone calls between Maine CDC, Portland, and Bangor Public Health occurred to prepare for and participate in a workforce study. A plan to distribute the survey among the staff of our three locations was developed. Maine CDC worked with ASTHO to help the three departments participate in PH WINS. Another call between the three entities included discussion of participation rates and strategies to improve this in the future.

Additionally, a MAC Team member participated in the City health department vision and mission work as a key informant for the city's strategic plan, as well as, in their community planning process. This close collaboration has help set Bangor Public Health department up for success in their district and city level work, as well as, in their future accreditation application.



<b>Emerging Public Health Issues and Innovations</b>			
<b>20. Has the health department conducted work in any of the following areas?</b> (Select all that apply. Place an X in the column to the left of the issue.)			
x	<b>Informatics</b>	x	<b>Emergency preparedness</b>
x	<b>Health equity</b>	x	<b>Workforce</b>
x	<b>Communication science</b>	x	<b>Public health/health care integration</b>
x	<b>Costing Services/ Chart of Accounts</b>	x	<b>Public health ethics</b>
x	<b>Climate change</b>		

**21. If the health department is engaged in addressing another emerging area or developing another innovation (not included in question 20), please describe it below.**

Another emerging issue for the State of Maine, as is the same across the country, is addressing the increased number of substance exposed infants (SEI). Maine CDC is addressing this issue in three ways, data surveillance, prevention and treatment. First, through the State System Developing Initiative (SSDI) Grant, a surveillance workgroup has been formed to look at improving the data quality and trend data. The first step for this workgroup is to create shared definitions so data can be analyzed and efforts for prevention can be designed appropriately. The second form of engagement is through the State Steering Committee and Community Level Task Forces. The purpose of these groups is to discuss prevention efforts to reduce substance use during pregnancy and create tools and resources for community providers. This group is made up of prevention staff from multiple DHHS offices and outside providers, such as prenatal and labor and delivery. The third way is through the use of the “SnuggleME” Guidelines to screen and treat pregnant women with substance abuse disorders to try to reduce the effects of opioids on infants when they are born. The Guidelines provide prenatal providers tools on how to screen for and treat pregnant women who have substance use disorder. The Guidelines include cultural competency skills to assist providers in positively encouraging women to continue to engage in prenatal care.

**22. If the health department is engaged in work in an emerging area, please tell the story of the health department’s work in one area. (Word limit: 500)**

The Tobacco and Substance Use Prevention and Control (TSUPC) Program with the Maine CDC has implemented an array of strategies to address the prevention of opiate addiction in the State of Maine in response to the increase in opiate related deaths in Maine. These strategies have included: 1. Mass Reach Health Communications; 2. Prescriber Education; 3. Community prevention strategies.

Mass Reach Health Communications: The TSUPC program collaborated with the Office of Substance Use and Mental Health Services to develop an educational media campaign to address opiate addiction in the State of Maine. Through the partnership of two state organizations, as well as, two media contractors, a new media campaign “Eyes Open” was developed to bring educational messages to the general public, as well as, the medical prescriber community about opiate addiction. This campaign includes a website ([www.eyesopenforme.org](http://www.eyesopenforme.org)) that provides information to family members, affected others, and prescribers about opiate addiction, the warning signs, and where to find help. To assist with the utilization and promotion of that webpage as well as increase messaging to the general public, paid search and digital advertising was implemented. Over 3 million ads were served and within 9 months, the campaign generated 275 individual form submissions to find treatment.

Prescriber Education: The TSUPC program has contracted with AdCare Educational Institute of Maine to provide a vast array of trainings to professionals in Maine about opiate addiction, responsible prescribing practices, utilization of the Prescription Monitoring Program, and alternatives to pain. There has been great response to these trainings with a number of prescribers attending with positive feedback. Additional assessment of training needs and opportunities for topics is ongoing.

Community Prevention Strategies: Through a contract with the University of New England, community prevention strategies have been implemented across the State of Maine. These strategies have included promotion and implementation of Drug Take Back events, promotion and utilization of prescription drop boxes, community educational sessions, information dissemination, promotion of the Prescription Monitoring Program, and implementation of Prime for Life Universal educational classes with high risk communities.

The TSUPC program has several other initiatives that promote the prevention of initiation of all

substances including but not limited to: a new program website [www.preventionforme.org](http://www.preventionforme.org); a clearinghouse of materials for providers to distribute to the general public, which can be found at [www.maine-preventionstore.org](http://www.maine-preventionstore.org); and ongoing collaboration with state and local professionals in an effort to increase the health safety and wellbeing of all Maine citizens.

**23. Please describe the health department's approach to pursuing innovation. (Word limit: 500)**

In 2017, the Maine CDC continued its development of the Division of Public Health Operations, which centralizes and provides support to programs in key operational areas such as: compliance and policy, human resources, and financial services including budgeting, grants, contracts and requests for proposals (RFP). This operational improvement supports programs across the health department in developing clearly defined programmatic performance measures for all contracted services through review of contract and RFP language, and developing comprehensive compliance protocols and policy through support on rule making and policy development and drives innovation from within. This focus on standardized operations, measurable outcomes, and effective use of available resources drives all programs within Maine CDC to identify QI opportunities and pursue innovative strategies and processes to achieve measurable outcomes. Through the support of this new Division within Maine CDC, programs have pursued innovation, changing business practice. For instance, the Health and Environmental Testing Laboratory (HETL) contracted out its invoicing and payment collection through a third-party vendor increasing efficiency and reducing staff time spent on this activity, while also decreasing its aged debt.

As programs across the health department are engaged in efficient use of public resources and developing measurable outcomes for public health services, they are also challenged to explore or develop innovative approaches to program and service implementation.

**Overall Improvements**

**24. Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (OPTIONAL, Word limit: 500)**

*What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.*

The Maine CDC Division of Disease Prevention, Chronic Disease Prevention and Control Program's Diabetes Unit has been working to impact diabetes prevention and management services for people impacted by prediabetes and diabetes. During 2017 and the first six months of 2018, the Diabetes Unit team took steps to support existing nationally accredited Diabetes Self-Management Education and Support (DSMES) sites to increase the number of locations where the evidence-based DSMES services can be provided. This approach required the Diabetes Unit Team to collaborate with clinical intervention settings, which participate in the Chronic Disease Improvement Collaborative (CDIC). These 13 practices involved in CDIC assessed population health needs, implemented new policy/protocol, as well as, workflow changes recommended by the Diabetes Unit as part of the CDIC project. This resulted in an increase in the number of nationally accredited DSMES sites, which expanded DSMES services for patients with diabetes to practices external to their traditional outpatient clinic settings within hospitals. The Diabetes Unit Team will continue to track the number of settings where DSMES services are offered, as well as, the number of patients with diabetes who are reached with these services. In April of 2018, US CDC reported state level DSMES data for all states. Maine participation rates in DSMES services reached 4,708 (4.6%) in 2016. Yet in 2017, the US CDC reported an increase in DSMES participation to 6,056 (5.7%). Maine attributes their direct technical assistance and support to health systems primary care practices and nationally accredited DSMES sites to this notable increase in DSMES service participation during 2017.

The Diabetes Unit primary prevention activities are linked to the National Diabetes Prevention Program (NDPP) and focus primarily on ensuring high-quality services are rendered to program eligible patients and that the current US CDC Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures are followed by all nationally recognized NDPP sites in Maine. In addition, the Diabetes Unit provides direct technical assistance to NDPP sites to support their participant session data management and DPRP data reporting requirements. Through this direct technical assistance, Maine has

seen significant improvements in NDPP services and performance of NDPP sites as indicated by the US CDC DPRP evaluation reports during 2017, as well as, early 2018. In April 2017, Maine had 21 DPRP recognized sites that had 293 program completers with an average weight loss of 5.7%. The diabetes unit doubled down on its technical assistance efforts during 2017 in response. In January 2018, the US CDC provided an updated DPRP state-level evaluation report which indicated Maine has 22 DPRP recognized sites that had 509 program completers with an average weight loss of 6.1%. The Maine CDC's direct technical assistance and support to the DPRP recognized sites are directly resulting in improvements in NDPP services and performance.