

**Maine FY 2020
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2020

Submitted by: Maine

DUNS: 809045594

Printed: 6/14/2020 8:04 AM

Governor: Janet Mills

State Health Officer: Nirav Shah, MD, JD

Block Grant Coordinator:

Nancy Birkhimer

11 State House Station

286 Water St. 7th Floor

Augusta ME 04333-0011

Phone: 207-287-5716

Fax: 207-287-9058

Email: Nancy.Birkhimer@maine.gov

CDC Work Plan ID: ME 2020 V0 R0

Created on: 6/4/2020

Submitted on:

Contents	Page
Executive Summary	3
Budget Information	5
Budget Detail	5
Summary of Allocations	6
Program, Health Objectives	8
Community Engagement	8
ECBP-10 Community-Based Primary Prevention Services	8
PHI-14 Public Health System Assessment	10
Epidemiology services	13
PHI-13 Epidemiology Services	13
Maintaining Public Health Accreditation	17
PHI-17 Accredited Public Health Agencies	19
Laboratory Capacity	
PHI-11	
Rape Prevention	23
IVP-40 Sexual Violence (Rape Prevention)	23

Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Fiscal Year 2020 (F2020). It is submitted by the Maine CDC as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the F2020 Preventive Health and Health Services Block Grant is \$1,419,964. This amount is based on an allocation table distributed by CDC.

This includes a mandatory allocation of \$29,701 for sexual violence prevention and response services (Healthy People Objective IPV40). Community and school-based education and services for students who disclose an assault to the educators will be provided in the Western Public Health District. This District, which consists of the Androscoggin, Franklin and Oxford counties, has experienced some disparities in sexual violence and has one of Maine's larger communities of immigrants with unique needs to be met. Funding from other sources is supporting activities in other areas of the state. The sexual violence funding will support administration, salary of direct service providers, and other expenses related to this service.

The following details the projects included in the F2020 award:

Community Engagement (HO ECBP-10) - \$549,266 (39%)

- Support District Coordinating Council activities, including completion of district public health infrastructure assessments, and development of new District Public Health Improvement Plans (DPHIPs).
- Implement evidence-based strategies identified in DPHIPs for each of Maine's nine Public Health Districts.
- Contract with Medical Care Development for \$364,405.
- Funding includes 1.0 FTE.

Epidemiology Services (HO PHI-13) - \$251,452 (18%)

- Increase the availability and usability of key health indicator data across Maine CDC divisions and health disparity data, producing dashboards, factsheets, and health equity data reports (Contract with University of Southern Maine for \$166,565, contract with Abilis for Tableau Server for \$12,000).
- Support Infectious Disease Epidemiology, including consultations with health care providers, protocol revisions and conference coordination.
- Maintain increased Maine Behavioral Risk Factor Surveillance System sampling and enhanced questionnaires for better public health surveillance.
- Funding includes 0.25 FTE.

Accreditation (HO PHI-17) - \$496,974 (35%)

- Identify and make improvements to Maine CDC's compliance with Public Health Accreditation Board (PHAB) standards and complete the annual report to the PHAB.
- Continue documentation of measures for Reaccreditation, apply for Reaccreditation in June 2021. (Contract with PHAB for Accreditation fees for \$20,000).
- Improve Maine CDC's Performance Management System. (Contract with Abilis for Tableau Server for \$36,000).
- Implement Quality Improvement Projects.
- Revitalize the State Health Improvement Plan.
- Implement Maine CDC workforce development strategies (Contract with University of Massachusetts for \$14,000 to provide access to the Digital Public Health Library.)
- Funding includes 3.0 FTE.

Laboratory Capacity (PHI-11) - \$54,146 (4%)

- Support the upgrade of STARLIMS – Maine Health and Environmental Testing Laboratory's information system.

Violence (HO IVP-40) - \$29,701 (2%)

- Support sexual violence prevention education services - MANDATORY SET ASIDE (Contract with Maine Coalition Against Sexual Assault for \$29,701)

Administrative costs associated with the Preventive Health Block Grant total \$38,425, which is approximately 2.7% of the grant. These costs include funds for 20% of the Accreditation and Performance Improvement Manager who serves as the Block Grant Coordinator, and out-of-state travel for the required grantee meeting.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

Funding Priority: Data Trends, Maine CDC strategic planning

Budget Detail for ME 2020 V0 R0	
Total Award (1+6)	\$1,419,964
A. Current Year Annual Basic	
1. Annual Basic Amount	\$1,390,263
2. Annual Basic Admin Cost	(\$38,425)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$1,351,838
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$29,701
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$29,701
(9.) Total Current Year Available Amount (5+8)	\$1,381,539
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$1,381,539

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$1,351,838
Sex Offense Set Aside	\$29,701
Available Current Year PHHSBG Dollars	\$1,381,539
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
C. Total Funds Available for Allocation	\$1,381,539

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Community Engagement	ECBP-10 Community-Based Primary Prevention Services	\$399,453	\$0	\$399,453
	PHI-14 Public Health System Assessment	\$109,813	\$0	\$109,813
Sub-Total		\$549,266	\$0	\$549,266
Epidemiology services	PHI-13 Epidemiology Services	\$251,452	\$0	\$251,452
Sub-Total		\$251,452	\$0	\$251,452
Maintaining Public Health Accreditation	PHI-17 Accredited Public Health Agencies	\$496,974	\$0	\$496,974
Sub-Total		\$497,974	\$0	\$497,974
Public Health Laboratory Capacity	PHI-11 Laboratory Capacity	\$54,146	\$0	\$54,146
Sub-Total		\$54,146	\$0	\$54,146
Rape Prevention	IVP-40 Sexual Violence (Rape Prevention)	\$29,701	\$0	\$29,701
Sub-Total		\$29,701	\$0	\$29,701
Grand Total		\$1,381,539	\$0	\$1,381,539

State Program Title: Community Engagement

State Program Strategy:

Goal: Improve health outcomes for District selected priorities.

Health Priority: Priorities will vary, depending on District Public Health Improvement Plans, but are likely to include one or more of the following: effective communication, community mobilization, mental health, substance abuse, obesity, cancer, cardiovascular health, physical activity and nutrition, social determinants of health, healthy aging, and access to care.

Primary Strategic Partners: 9 District Coordinating Councils.

Evaluation Method: Evaluation metrics will be included in each of the 9 District Public Health Improvement Plans and monitored at least annually. In addition, the National Public Health Performance Standards version 3.0 will be used to assess the capacity of our Districts.

State Program Setting:

State health department, Tribal nation or area

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Andrew Finch

Position Title: Community Based Prevention Manager

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services

State Health Objective(s):

Between 10/2020 and 09/2021, maintain the number of evidence-based interventions related to District priorities implemented annually.

Baseline:

In 2018, nine evidence-based interventions implemented by District Coordinating Councils.

Data Source:

Maine CDC, District Coordinating Council quarterly reports, Public Health District contractual reports, and District Public Health Improvement Plan reports.

State Health Problem:

Health Burden:

Each of the 9 Public Health District in Maine has an Improvement Plan. Previous priorities were selected based on the results of the 2016 Shared Community Health Needs Assessment (CHNA) and community stakeholder input. In April 2019, an updated Shared CHNA was released. In December 2020, District Public Health assessments were initiated. These were put on hold during the beginning of the COVID-19 response. District Coordinating Councils only meet once a quarter, and further scans of community assets may be needed prior to developing new plans. While they vary by District, all current DPHIPs include priorities related to mental health, obesity and chronic diseases, and substance and tobacco use. For

example, Maine's obesity rate among adults is similar to the U.S. rate at 29.9% but ranges from 27.0% (Cumberland District) to 35.6% (Aroostook District) across the Public Health Districts. Diabetes rates range from 9.7% in Cumberland and Downeast Districts to 13.0% in Aroostook District. Suicide Rates are lowest in Penquis District (16.5 per 100,000) and highest in Aroostook District (19.0 per 100,000), while Overdose Deaths are lowest in Aroostook (14.6 per 100,000) and highest in York District (28.4 per 100,000). Emerging needs for healthy aging, access to healthcare, and social determinants of health are additional common themes.

Target Population:

Number: 1,331,479

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 22,021

Ethnicity: Hispanic, Non-Hispanic

Race: American Indian or Alaskan Native, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: 2019 Maine Shared CHNA, 2016 US Census & 2015 American Community Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Public Health Accreditation Standards; SAMHSA National registry of Evidence-Based programs and Practices

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$399,453

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$43,950

Funds to Local Entities: \$335,601

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Community Based Intervention

Between 10/2020 and 09/2021, District Coordinating Councils or designated members will implement **9** evidence-based strategies to improve health in a selected priority area, based on their District Public Health Improvement Plans.

Annual Activities:

1. Implementing evidence-based strategies

Between 10/2020 and 09/2021, based on the District Public Health Improvement Plans, each District will select at least one priority and implement an evidence-based program to address that priority. Because this implementation will start prior to the establishment of new District Public Health Improvement Plans (Objective 2 under this program), it is anticipated that the implementation will be based on the existing Plans.

National Health Objective: HO PHI-14 Public Health System Assessment

State Health Objective(s):

Between 10/2020 and 09/2021, District Coordinating Councils will complete **9** District Local Public Health System Assessments.

Baseline:

In 2010, **8** public health Districts completed a local public health systems assessment.

Data Source:

Maine CDC, District Coordinating Council quarterly reports, and Public Health District contractual reports.

State Health Problem:

Health Burden:

The current District Public Health Improvement Plans are based on district public health infrastructure last assessed in 2010 system. In addition, Maine CDC programmatic prevention services addressing Tobacco, Substance Abuse, Obesity, and Youth Development are due to be put out to bid in 2020. To make optimal use of available funding and resources, Maine planned on conducting a Local Public Health Systems Assessment in 2019-2020. Due to COVID-19, and the suspension of public meetings, these assessments were only partially completed in F2019, but it is anticipated that they will resume in F2020. Completion of this assessment will identify how well essential public health services are being delivered in the districts, where additional development is necessary, and assist in identifying local resources to successfully implement new DPHIPs and prevention services.

Target Population:

Number: 9

Infrastructure Groups: Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Disparate Population:

Number: 1

Infrastructure Groups: Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Public Health Performance Standards version 3.0

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$109,813

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$12,079

Funds to Local Entities: \$83,942

Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

District Assessments

Between 10/2020 and 09/2021, District Coordinating Councils will conduct **9** District Local Public Health System Assessments.

Annual Activities:

1. Systems Assessment

Between 10/2020 and 09/2021, each of Maine's nine public health districts will implement the selected nationally recognized assessment tool and submit the collected data to Maine CDC for analysis and compilation of a Local Public Health System Assessment report.

2. Priority Selection

Between 10/2020 and 09/2021, District Coordinating Councils will select priorities based on the 2019 Maine Shared Community Health Needs Assessment and the Public Health Systems Assessment.

3. Strategy selection

Between 10/2020 and 09/2021, District Coordinating Councils will select evidence-based strategies to address selected priorities, including improvements to local public health systems.

Objective 2:

State Assessment

Between 10/2020 and 09/2021, Maine CDC Community Prevention staff and the State Coordinating Council for Public Health (SCC) will conduct **1** State Public Health System Assessment by engaging stakeholders from 9 Public Health Districts.

Annual Activities:

1. State Systems Assessment

Between 10/2020 and 09/2021, Maine CDC Community Prevention staff, in collaboration with the SCC, including representatives from the 9 public health districts, will implement the selected nationally recognized assessment tool and submit the collected data to Maine CDC for analysis. It is anticipated that priorities and strategies will not be selected in this project period but will continue into the next PHHS BG project period.

State Program Title: Epidemiology Services

State Program Strategy:

Goal: To make relevant public health data, including health equity data available for agencies and communities in order to inform effective planning and priority setting.

Health Priority: Improve public health system capacity through improved access to, analysis of and dissemination of the most current national, state and local data.

Primary Strategic Partners: University of Southern Maine, Issues and Answers; other state agencies, other health equity and data stakeholders as identified.

Evaluation Method: Completion of contract deliverables, documentation of data usage.

State Program Setting:

State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Siiri Bennett

Position Title: Chief Epidemiologist

State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 1

Total FTEs Funded: 0.25

National Health Objective: HO PHI-13 Epidemiology Services

State Health Objective(s):

Between 10/2020 and 09/2021, increase the number of epidemiology resources and products available to Maine CDC and its stakeholders.

Baseline:

As of September 2018, 9 interactive web portals, 11 statewide data reports, 24 county-level reports, and 8 district-level reports were available, including the Maine Shared CHNA, and reports covering substance use, infectious disease, cancer registry, and immunization.

Data Source:

Maine CDC website.

State Health Problem:

Health Burden:

Comprehensive epidemiology services are key public health resources needed to pursue well-informed health planning and improvement strategies. Maine CDC has identified specific gaps in resources, including analyses and user-friendly data reports on health disparities and social determinants of health, timely updates of key indicators across health topic areas, access to data via a user-friendly communication products and presentations to stakeholders, and ad-hoc data analyses to meet emerging and urgent agency leadership needs. Other epidemiological gaps include enhancements to the state Behavioral Risk Factor Surveillance System (BRFSS) questionnaire regarding sexual orientation, gender identity, sexual and domestic violence, cognitive decline and care giving, as well as the need to support an expanded sample to identify, analyze and address disparities in health behaviors and conditions, and staff resources to assist health care providers in addressing ongoing public health issues.

Target Population:

Number: 1,331,479

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Other

Disparate Population:

Number: 850,122

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Public Health Accreditation Board Standards, Council of State and Territorial Epidemiologists best practices.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$251,452

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$100,000

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:**Access to Comprehensive Data on Health Outcomes and Risks**

Between 10/2020 and 09/2021, Maine CDC /University of Southern Maine Epidemiologists and Accreditation and Performance Improvement Staff will maintain **9** comprehensive epidemiology tools on Maine CDC's website that allow users to interactively explore health data.

Annual Activities:**1. Analyses of health indicators for the 2021 Maine Shared Community health Needs Assessment**

Between 10/2020 and 09/2021, analyze new data and produce tables for internet displays and health profiles for each county, public health district and the state.

2. Epidemiology assistance for Maine CDC-wide initiatives and requests

Between 10/2020 and 09/2021, respond to data requests from Maine CDC leadership and participate in Maine CDC workgroups on data-related issues (e.g., data requests and data release SOPs).

Objective 2:**Access to Health Disparities and Health Equity Data**

Between 10/2019 and 09/2020, Maine CDC/University of Southern Maine Epidemiologists will publish **4** health disparities data-related products.

Annual Activities:**1. Produce health disparity summary tables**

Between 10/2020 and 09/2021, analyze new data and produce tables for internet displays and health profiles for using Shared CHNA indicators by populations with known health disparities (e.g., race, age, sex, income, education, disability, rural residents).

Objective 3:

Support for Infectious Disease Epidemiology

Between 10/2020 and 09/2021, the Maine CDC Chief Epidemiologist will review **12** Infectious Disease Protocols and educate providers on these.

Annual Activities:

1. Protocol reviews

Between 10/2020 and 09/2021, review and approve infectious disease (ID) protocols that have been updated by Maine CDC staff. Note; Maine CDC's ID protocols are for internal use only by Maine CDC staff and are not distributed outside the Department.

2. Presentations

Between 10/2020 and 09/2021, present information on infectious diseases to health care providers, including providing talking points for other Maine state government officials as requested.

Objective 4:

Support for the BRFSS

Between 10/2020 and 09/2021, Maine CDC and contractors will maintain **20000** respondents to the Behavioral Risk Factor Surveillance System, including questions on sexual orientation, gender identity, sexual and domestic violence, care giving and cognitive decline.

Annual Activities:

1. BRFSS steering committee

Between 10/2020 and 09/2021, work with the BRFSS coordinator to improve BRFSS processes.

2. BRFSS questionnaire

Between 10/2020 and 09/2021, work with the BRFSS coordinator to ensure that state added questions related to health equity, older adult health, and violence are maintained in the BRFSS questionnaire.

3. Maine CDC web-based BRFSS data

Between 10/2020 and 09/2021, work with DRVS staff to update interactive graphical displays for the Maine BRFSS.

State Program Title: Maintaining Public Health Accreditation

State Program Strategy:

Goal: To maintain Public Health Accreditation.

Health Priority: Compliance with accreditation and reaccreditation standards.

Primary Strategic Partners: Maine CDC Accreditation Committee; Maine CDC Quality Improvement Team; Other Maine CDC staff.

Evaluation Method: Maine CDC tracking tool for reaccreditation standards will track the completion of documentation for Accreditation for the 127 documents that will need to be developed and reviewed internally prior to submission to PHAB. The tracker is an excel workbook that shows progress on each document and delineates task and responsible staff. For the evaluation of Accreditation maintenance, the on-time submission of Accreditation annual reports to PHAB, feedback from PHAB and actions taken in response to the feedback will be tracked.

State Program Setting:

Local health department, State health department, Other: Regional Public Health Districts and Tribal Health District

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Erik Gordon

Position Title: Accreditation & Workforce Development Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Nancy Birkhimer

Position Title: Accreditation and Performance Improvement Manager

State-Level: 80% Local: 0% Other: 0% Total: 80%

Position Name: Melissa Thornton

Position Title: Performance Improvement Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 3

Total FTEs Funded: 2.80

National Health Objective: HO PHI-17 Accredited Public Health Agencies

State Health Objective(s):

Between 10/2020 and 09/2021, document adherence to reaccreditation standards

Baseline:

As of March 2018, 0 reaccreditation measures were documented.

Data Source:

PHAB Public Health Performance Reaccreditation Standards Version 1.0; Maine CDC reaccreditation tracking tool.

State Health Problem:

Health Burden:

As the state public health agency, with only two local public health agencies in the state, Maine CDC carries the major responsibility of providing the ten essential public health services for the entire state. Demonstrating that the agency meets all Public Health Accreditation Board (PHAB) standards builds

confidence and credibility for the agency. Accreditation emphasizes performance management, planning and quality improvement, all of which helps to assure that Maine CDC's programs are of the highest possible quality. With reaccreditation scheduled for June 2021, documentation of the reaccreditation standards needs to begin.

Target Population:

Number: 1

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 1

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Public Health Accreditation Board Reaccreditation Standards Version 1.0

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$496,974

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Accreditation maintenance

Between 10/2020 and 09/2021, Maine CDC Accreditation Coordinator and Domain Teams will increase the number of PHAB reaccreditation requirements documented from 11 to **127**.

Annual Activities:

1. Quality improvement on unmet standards

Between 10/2020 and 09/2021, facilitate 3 quality improvement projects that address re-accreditation gaps.

2. Reaccreditation documentation

Between 10/2020 and 09/2021, domain teams will identify documents and examples, and write narrative descriptions according to the PHAB reaccreditation requirements. Submit documentation to PHAB per required schedule.

Objective 2:

Performance Management

Between 10/2020 and 09/2021, the Performance Management Specialist and Maine CDC staff will increase the number of Performance measures with quarterly data from 15 to **34**.

Annual Activities:

1. Performance measure establishment

Between 10/2020 and 09/2021, define performance measures that are actionable and timely, including documenting the definition, data source, frequency (at least quarterly, preferred to be monthly), and Maine CDC actions that will impact the measure.

2. Performance dashboard

Between 10/2020 and 09/2021, update data on all performance measures monthly, quarterly, or annually based on the established frequency of each measure and create displays for various audiences and purposes (Commissioner, Maine CDC director, Division Directors, Program Managers, Public Reporting)

3. Management discussion of performance

Between 10/2020 and 09/2021, present performance management data to Senior Management quarterly and to the QI team monthly and discuss quality improvement opportunities with both

Objective 3:

Quality Improvement

Between 10/2020 and 09/2021, Maine CDC Accreditation Coordinator and other Maine CDC staff will increase the number of quality improvement project and activities undertaken by Maine CDC programs from 17 to **34**.

Annual Activities:

1. Quality Improvement Plan

Between 10/2020 and 09/2021, engage with the QI team on a monthly basis to implement and update as needed the QI plan.

2. Quality improvement projects

Between 10/2020 and 09/2021, facilitate the implementation of QI projects on all Maine CDC programs.

3. Quality improvement training

Between 10/2020 and 09/2021, provide short training segments to the QI team on a monthly basis, deliver QI-related lunch and learns to Maine CDC staff on a quarterly basis and provide a multi-session, hands-on, basic QI training to up to 30 staff members annually.

Objective 4:

State Health Improvement Plan

Between 10/2020 and 09/2021, Accreditation and Performance Improvement Manager, Maine CDC priority area leads, District Coordinating Councils and public health partners will implement **10** major State Health Improvement Plan strategies.

Annual Activities:

1. SHIP revisions

Between 10/2020 and 09/2021, Maine CDC staff, the State Coordinating Council, and other public health partners will revise or develop a new State Health Improvement Plan.

2. SHIP implementation

Between 10/2020 and 09/2021, SHIP workgroups, Maine CDC staff and District Coordinating Councils will implement SHIP strategies.

Objective 5:

Workforce development

Between 10/2020 and 09/2021, Maine CDC will increase the number of Workforce Development resources available to all Maine CDC staff from 5 to 10.

Annual Activities:

1. Workforce Development Planning

Between 10/2020 and 09/2021, the Accreditation Coordinator will meet with the Senior Management Team to discuss training needs and opportunities.

2. Training

Between 10/2020 and 09/2021, the Accreditation Coordinator will offer in-house training linked to at least two of the core public health competencies.

3. Digital Library

Between 10/2020 and 09/2021, Maine CDC will subscribe to the National Public Health Digital Library to provide economical access for all Maine CDC staff to the latest research and evidence-based practices via public health related journals.

4. Internships

Between 10/2020 and 09/2021, Maine CDC will host 4 interns and/or practicum students.

State Program Title: Rape Prevention

State Program Strategy:

Goal: To increase the capacity of Maine's sexual assault service providers to more effectively prevent sexual violence within under-served and at-risk communities.

Health Priority: Partner with one local sexual assault center to ensure that Rape Prevention Education is provided in schools and community-settings using culturally appropriate and evidenced-based methods. Block Grant funds support the Rape Prevention Education in Maine's Western District, which includes three rural counties and the more racially diverse cities of Lewiston and Auburn.

Primary Strategic Partners: DHHS Office of Violence Prevention, local sexual assault crisis centers, Maine Coalition Against Sexual Assault (MECASA), Sexual Assault Prevention & Response Services (SAPARS)

Evaluation Methodology: Numbers of students served and student self-assessment of increased knowledge skills and confidence.

State Program Setting:

Rape crisis center, Schools or school district

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2020 and 09/2021, At least 70% of students will have knowledge, skills and confidence in key areas of sexual violence prevention

Baseline:

70%

Data Source:

MECASA rape prevention database

State Health Problem:

Health Burden:

According to the Maine Behavioral Health Risk Factor Surveillance System 11.3% of Maine Women report having been sexually assaulted or forced to have sex. It is well documented that these experiences are under-reported. The rate of reported rapes in Maine was 27.0 per 100,000 population in 2013 according to Maine Department of Safety. This is similar to the US rate of 25.1. The rate of reported rape is higher in the Western Public Health District than for the state, although the differences are not statistically significantly different, Androscoggin County's rate was 33.5 and Oxford County's rate was 45.4, whereas Franklin County's rate is not reliable although due to small numbers.

Target Population:

Number: 1,331,479

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 194,945
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: 2019 Maine Shared CHNA, 2012-2016 American Community Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: US CDC principles of violence prevention

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$29,701
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$20,000
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Provide sexual violence prevention education to students

Between 10/2020 and 09/2021, Sexual Assault Prevention & Response Services staff will provide educational sessions to 12,900 students in K-12 in schools within Androscoggin, Franklin and Oxford Counties.

Annual Activities:

1. student sexual violence education

Between 10/2020 and 09/2021, in collaboration with local schools, sexual assault educators will deliver educational violence prevention classroom sessions following US CDC violence prevention education principles.

Objective 2:

Services to sexual assault survivors

Between 10/2020 and 09/2021, MeCASA Prevention educators will provide confidential support and assistance in developing future support plans to 100 percent of survivors who disclose a sexual assault during an educational session.

Annual Activities:

1. support for sexual assault survivors

Between 10/2020 and 09/2021, Whenever a sexual violence prevention educator receives a disclosure

from a participant in the education session, either before, during or after the session, the educator will provide one-on-one confidential counseling and support that will result in a plan for the survivor. Such plan may include referrals for additional support services or other actions identified by the survivor to meet their needs.