

**Maine FY 2019  
Preventive Health and Health Services  
Block Grant**

**Work Plan**

**Original Work Plan for Fiscal Year 2019**

**Submitted by: Maine**

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**CDC Work Plan ID: ME 2019 V0 R0**

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## Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Fiscal Year 2019 (F2019). 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 F2019 Preventive Health and Health Services Block Grant is \$1,402,685. This amount is based on an allocation table distributed by CDC. Funding for F2019 Sexual Assault-Rape Crisis (Healthy People Objective IPV40) activities detailed in the Work Plan: \$29,701 of this total is a mandatory allocation to the Maine CDC which provides this funding to support sexual violence prevention education services in the Western Public Health District. This Public Health District, with 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 prevention funding will support administration, salary of direct service providers, and other expenses related to this service.

On March 21, 2019, the Advisory Committee (the State Coordinating Council (SCC) for Public Health) reviewed and recommended programs for funding, contingent upon the receipt of funding for F2019. On April 18, 2019, SCC members received the final proposed workplan and budget via e-mail, and voted via e-mail to approve the budget and work plan for F2018 on Wednesday, May 1, 2019. The SCC also received updates on the PHHS BG activities at their September 20, 2018 and December 13, 2018 meetings.

On April 12, 2018, the Public Hearing was convened. The notice of public hearing was published 12 days prior to the hearing on the Maine CDC website and distributed via Maine CDC's interested parties e-mail list serve. The work plan and budget were presented at the public hearing.

The following details the projects included in the F2019 award:

- Community Engagement (HO ECBP-10) - \$543,841 (39%)
  - Implement evidence-based strategies identified in District Public Health Improvement Plans (DPHIP) for each of Maine's nine Public Health Districts.
  - Support District Coordinating Council activities, including development of new District Public Health Improvement Plans and involvement in public health infrastructure assessments.
  - Contract with Medical Care Development for \$364,405.
  - Funding includes 1.0 FTE.
- Epidemiology Services (HO PHI-13) - \$287,925 (21%)
  - Maintain increased Maine Behavioral Risk Factor Surveillance System sampling and questionnaires for better public health surveillance (Contract with Issues and Answers for \$60,000).
  - 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).
  - Support Infectious Disease Epidemiology, including protocol revisions and conference coordination.
  - Funding includes 0.25 FTE.
- Accreditation (HO PHI-17) - \$510,015 (36%)
  - 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.
  - Improve Maine CDC's Performance Management System.
  - Implement and report on progress of Maine CDC's State Health Improvement Plan
  - Develop a new strategic plan for Maine CDC (Contract to be determined, budgeted for \$60,000.)
  - Implement the Maine CDC workforce development plan and support workforce development (Contract with University of Massachusetts for \$14,000 to provide access to the Digital Public

- Health Library.)
- Funding includes 3.0 FTE.
- 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 \$31,204 which is approximately 2% 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:** State Plan (2017), Data Trend

## Statutory Information

### **Advisory Committee Member Representation:**

Advocacy group, American Indian/Alaska Native tribe, College and/or university, Community-based organization, Community health center, County and/or local health department, Drug and/or alcohol organization, Environmental organization, Hospital or health system, Medical society or organization, Mental health organization, Minority-related organization, Primary care provider, Public and/or private school (K-12), Schools of public-health, Senior/adult serving organization, State health department, State or local government, Volunteer organization

#### **Dates:**

##### **Public Hearing Date(s):**

4/12/2019

##### **Advisory Committee Date(s):**

12/13/2018

3/21/2019

#### **Current Forms signed and attached to work plan:**

Certifications: Yes

Certifications and Assurances: Yes

<b>Budget Detail for ME 2019 V0 R0</b>	
<b>Total Award (1+6)</b>	<b>\$1,402,685</b>
<b>A. Current Year Annual Basic</b>	
1. Annual Basic Amount	\$1,372,984
2. Annual Basic Admin Cost	(\$31,203)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$1,341,781
<b>B. Current Year Sex Offense Dollars (HO 15-35)</b>	
6. Mandated Sex Offense Set Aside	\$29,701
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$29,701
<b>(9.) Total Current Year Available Amount (5+8)</b>	<b>\$1,371,482</b>
<b>C. Prior Year Dollars</b>	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
<b>13. Total Available for Allocation (5+8+12)</b>	<b>\$1,371,482</b>

<b>Summary of Funds Available for Allocation</b>	
<b>A. PHHSBG \$'s Current Year:</b>	
Annual Basic	\$1,341,781
Sex Offense Set Aside	\$29,701
Available Current Year PHHSBG Dollars	\$1,371,482
<b>B. PHHSBG \$'s Prior Year:</b>	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
<b>C. Total Funds Available for Allocation</b>	<b>\$1,371,482</b>

### 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	\$543,841	\$0	\$543,841
<b>Sub-Total</b>		<b>\$543,841</b>	<b>\$0</b>	<b>\$543,841</b>
Epidemiology services	PHI-13 Epidemiology Services	\$287,925	\$0	\$287,925
<b>Sub-Total</b>		<b>\$287,925</b>	<b>\$0</b>	<b>\$287,925</b>
Maintaining Public Health Accreditation	PHI-17 Accredited Public Health Agencies	\$510,015	\$0	\$510,015
<b>Sub-Total</b>		<b>\$510,015</b>	<b>\$0</b>	<b>\$510,015</b>
Rape Prevention	IVP-40 Sexual Violence (Rape Prevention)	\$29,701	\$0	\$29,701
<b>Sub-Total</b>		<b>\$29,701</b>	<b>\$0</b>	<b>\$29,701</b>
<b>Grand Total</b>		<b>\$1,371,482</b>	<b>\$0</b>	<b>\$1,371,482</b>

**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: mental health, substance abuse, obesity, cancer, cardiovascular health, physical activity and nutrition, social determinants of health, healthy aging, or access to care.

Primary Strategic Partners: District Coordinating Councils.

Evaluation Method: Evaluation metrics will be included in the District Public Health Improvement plans and monitors at least annually, and for some metrics, quarterly.

**State Program Setting:**

State health department, Tribal nation or area

**FTEs (Full Time Equivalents):**

Full Time Equivalents 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 10/2015 and 09/2020, 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 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. Implementation of the current Plans will



continue while new plans are developed because the priorities indicated in the 2019 CHNA overlap with previous priorities, 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 Districts include priorities related to mental health, obesity and chronic diseases, and substance and tobacco use. 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: \$543,841

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

Funds Allocated to Disparate Populations: \$55,400

Funds to Local Entities: \$364,405

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 10/2019 and 09/2020, 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 10/2019 and 09/2020, 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.

**Objective 2:**

**District Improvement Planning**

Between 10/2019 and 09/2020, District Coordinating Councils will develop 9 District Public Health Improvement Plans.

**Annual Activities:**

**1. Priority selection**

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

**2. Strategy selection**

Between 10/2019 and 09/2020, District Coordinating Councils will select evidence-based strategies to address selected priorities.

**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 Equivalents):**

Full Time Equivalents 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 10/2019 and 09/2020, 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 necessary conduct health investigations and to pursue well informed health planning and improvement strategies. Maine CDC has identified specific gaps in resources, including in 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. Other epidemiological gaps include 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.

**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: \$287,925

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 10/2019 and 09/2020, 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. Annual analyses of key indicators**

Between 10/2019 and 09/2020, analyze new data within 3 months of its availability and produce tables for internet displays for at least 33 Maine Shared CHNA indicators.

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

Between 10/2019 and 09/2020, 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 10/2019 and 09/2020, annually produce data summary tables using Shared CHNA indicators by populations with known health disparities (e.g., race, age, sex, income, education, disability).

#### **2. Health equity briefs**

Between 10/2019 and 09/2020, develop 3 health equity data products highlighting key issues or findings from the Maine Shared CHNA.

### **Objective 3:**

#### **Support for Infectious Disease Epidemiology**

Between 10/2019 and 09/2020, the Maine CDC Chief Epidemiologist will review **24** Infectious Disease Protocols and educate providers on these.

### **Annual Activities:**

#### **1. Protocol reviews**

Between 10/2019 and 09/2020, 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 10/2019 and 09/2020, present information on infectious diseases to the media and to health care providers, including providing talking points for other Maine state government officials.

#### **3. Northeast Epidemiology Conference**

Between 10/2019 and 03/2020, work with other Maine CDC staff, contractors and partners in other New England states to organize and hold the New England Epidemiology Conference with Clinical and non-clinical tracks

### **Objective 4:**

#### **Support for the BRFSS**

Between 10/2019 and 09/2020, 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 10/2019 and 09/2020, work with the BRFSS coordinator to improve BRFSS processes.

**2. BRFSS questionnaire**

Between 10/2019 and 09/2020, 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 10/2019 and 09/2020, 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, submission of Accreditation annual reports to PHAB.

**State Program Setting:**

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

**FTEs (Full Time Equivalents):**

Full Time Equivalents 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:** Choanna LeClair

**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 10/2019 and 09/2020, document adherence to reaccreditation standards

**Baseline:**

As of March 2018, 0 reaccreditation measures have been 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. 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: \$510,015

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 10/2019 and 09/2020, Maine CDC Accreditation Coordinator and Domain Teams will increase the number of PHAB reaccreditation requirements documented from 0 to **100**.

**Annual Activities:****1. PHAB annual report**

Between 03/2020 and 06/2020, complete the annual report required by PHAB

**2. Quality improvement on unmet standards**

Between 10/2019 and 09/2020, facilitate 3 quality improvement projects that address re-accreditation gaps.

**3. Reaccreditation documentation**

Between 10/2019 and 09/2020, domain teams will identify documents and examples, and write narrative descriptions according to the PHAB reaccreditation requirements

**Objective 2:****Performance Management**



Between 10/2019 and 09/2020, 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 10/2019 and 09/2020, 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 10/2019 and 09/2020, 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 10/2019 and 09/2020, present performance management data to Senior Management quarterly and to the QI team monthly and discuss quality improvement opportunities

**Objective 3:**

**Quality Improvement**

Between 10/2019 and 09/2020, 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 10/2019 and 09/2020, engage with the QI team on a monthly basis to implement and update as needed the QI plan.

**2. Quality improvement projects**

Between 10/2019 and 09/2020, facilitate the implementation of QI projects on all Maine CDC programs.

**3. Quality improvement training**

Between 10/2019 and 09/2020, 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 10/2019 and 09/2020, Accreditation and Performance Improvement Manager, Maine CDC priority area leads, District Coordinating Councils and public health partners will implement **120** State Health Improvement Plan strategies.

**Annual Activities:**

**1. SHIP implementation**

Between 10/2019 and 09/2020, SHIP workgroups, Maine CDC staff and District Coordinating Councils will implement SHIP strategies.

**2. SHIP revisions**

Between 10/2019 and 06/2020, Maine CDC staff, the State Coordinating Council, and other public health partners will revise or develop a new State Health Improvement Plan.

**Objective 5:****Workforce development**

Between 10/2019 and 09/2020, Maine CDC will increase the number of Workforce Development Plan objectives met from 0 to 8.

**Annual Activities:****1. Workforce Development Planning**

Between 10/2019 and 09/2020, the Accreditation Coordinator will meet with the Senior Management Team to discuss training needs and opportunities.

**2. Digital Library**

Between 10/2019 and 09/2020, 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.

**3. Training**

Between 10/2019 and 09/2020, the Accreditation Coordinator will offer in-house training linked to at least two of the core public health competencies.

**4. Focus groups**

Between 10/2019 and 09/2020, Maine CDC staff will participate in focus groups to identify strategies to improve employee retention.

**5. Training Management System**

Between 10/2019 and 12/2019, the Accreditation and Performance Development Team will select and implement a training management system to track Maine CDC employee training.

**6. Internships**

Between 10/2019 and 09/2020, 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 Equivalents):**

Full Time Equivalents 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 10/2019 and 09/2020, 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 as a whole, 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 10/2019 and 09/2020, 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 10/2019 and 09/2020, in collaboration with local schools, sexual assault educators will deliver educational violence prevention classroom sessions following US CDC violence prevention education principles.