

SHIP Implementation Progress

Year 3

June 2016 – July 2017



*Maine Center for
Disease Control and Prevention*

*An Office of the
Department of Health and Human Services*

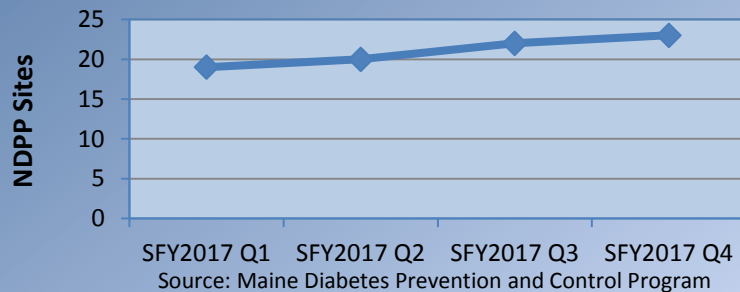
Paul R. LePage, Governor

Ricker Hamilton, Commissioner

Diabetes

National Diabetes Prevention Program

The number of sites has increased each quarter, allowing more access for prevention behaviors in persons with pre-diabetes.

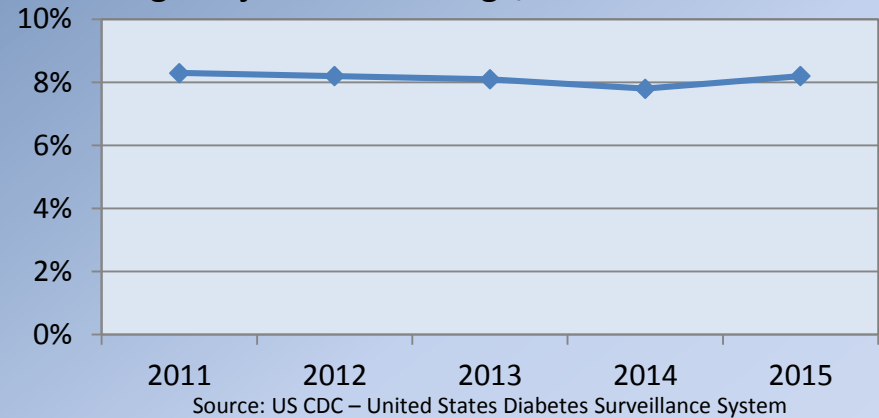


Diabetes Self-Management Training Program

The number of sites delivering nationally accredited DSMT programming remained consistent for Year 3. While the strategy to increase the number of sites was not realized, there was also not a decrease in sites.

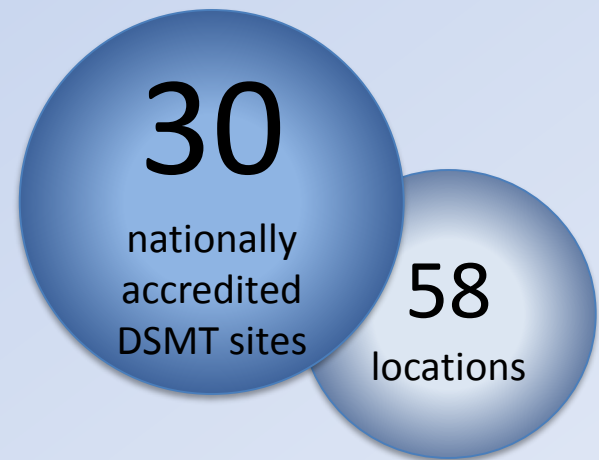
The availability of formal training is important in order to promote the knowledge, skills, attitudes and behaviors needed to achieve/maintain diabetes control, prevent/manage complications and live well with diabetes.

Age-Adjusted Percentage, Adults with Diabetes



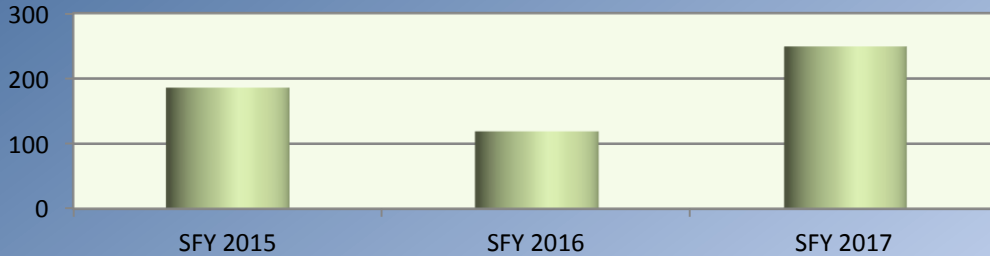
Not implemented...

More work is needed to increase consumer awareness of pre-diabetes, promote the use of the Pre-Diabetes Risk Quiz, and access to/participation in the NDPP through member communication.



Immunizations

SFY 2017 had 249 AFIX visits, an increase over past years



Source: Maine Immunization Program

AFIX Visits

AFIX visits assist and support healthcare personnel by assessing HPV vaccination rates and identifying opportunities for improving vaccine delivery practices. AFIX is made up of four parts: Assessment, Feedback, Incentives and eXchange.

266
Providers received assessment reports each quarter

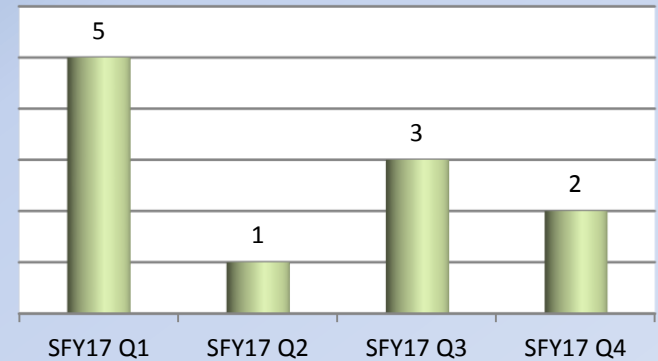
Childhood and Adolescent Routine Immunization Schedule

The percentage of children assessed who are up-to-date on their routine immunizations increased slightly over the last 4 quarters.

Vaccines for Children Program (VFC)

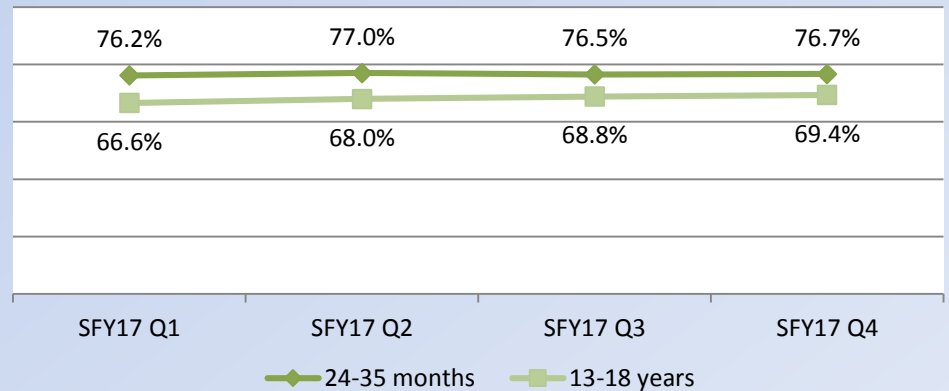
VFC helps families of children who may not otherwise have access to vaccines by providing free vaccines to doctors who serve them. By encouraging provider enrollment in VFC, more children will benefit from the program. More children will have a better chance of receiving their recommended vaccinations on schedule.

Number of new providers enrolled in VFC



Source: Maine Immunization Program

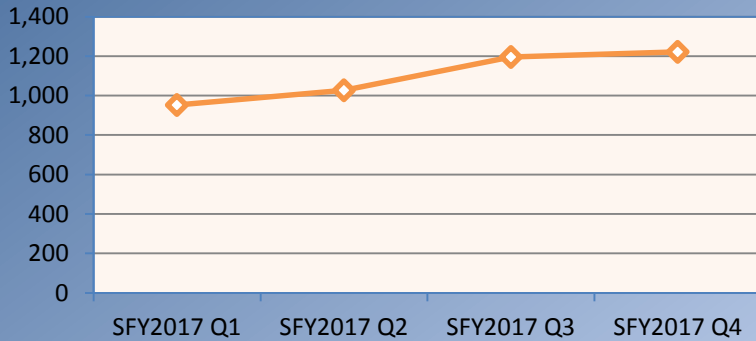
Immunization rates increased slightly during Year 3



Source: Maine Immunization Program

Obesity

The number of sites acting to reduce sugar-sweetened beverages has increased



Source: Maine Nutrition, Physical Activity and Healthy Weight Program

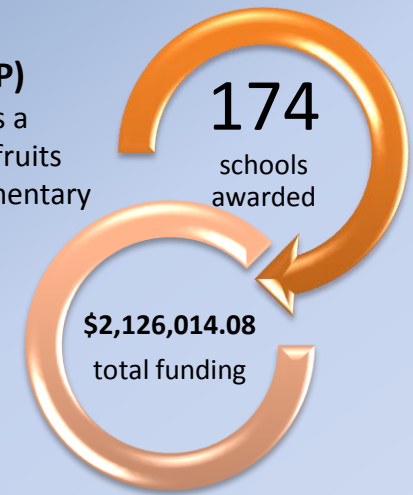
Decreasing sugar-sweetened beverage consumption

There is very strong evidence of the connection between obesity and sugar-sweetened beverage consumption and research suggests that sugar-sweetened beverages are driving the obesity epidemic in the United States.

Fresh Fruit and Vegetable Program (FFVP)

The Fresh Fruit and Vegetable Program (FFVP) is a federally assisted program providing free fresh fruits and vegetables to students in participating elementary schools during the school day.

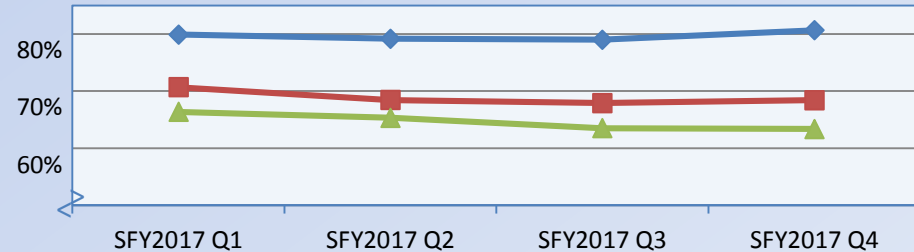
By maximizing the use of federal funds, more schools can join. As a result, more youth have access to fruits and vegetables by increasing participation in FFVP.



WIC Fruit and Vegetable Vouchers and Benefits

The WIC program implemented several programs targeted at increasing fruit and vegetable consumption in infants and children. The redemption rate indicates how many recipients took advantage of these programs once they were issued vouchers/benefits. A decreasing redemption rate may indicate that more outreach is needed to educate the recipients on the importance of fruit and vegetables.

The redemption rate for WIC Fruits and Vegetables benefits and vouchers decreased over the 2017 reporting year



- 1) Fresh, frozen or canned vouchers (Children age 1-5 years)
- 2) Jarred fruits and vegetable benefit (Infants age 6-11 months)
- 3) Fresh and jarred combination vouchers (Infants age 9-11 months)

Source: Maine WIC Nutrition Program

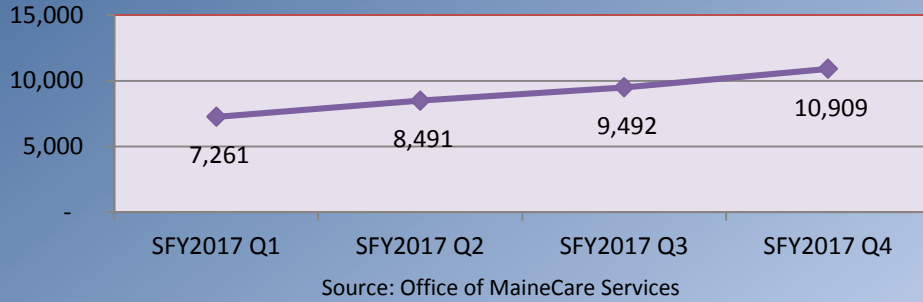
Physical Activity

Let's Go! works with child care centers and K-12 schools to increase the number of sites using evidence-based approaches to implement policies and create environments that support physical activity and meet safety guidelines.

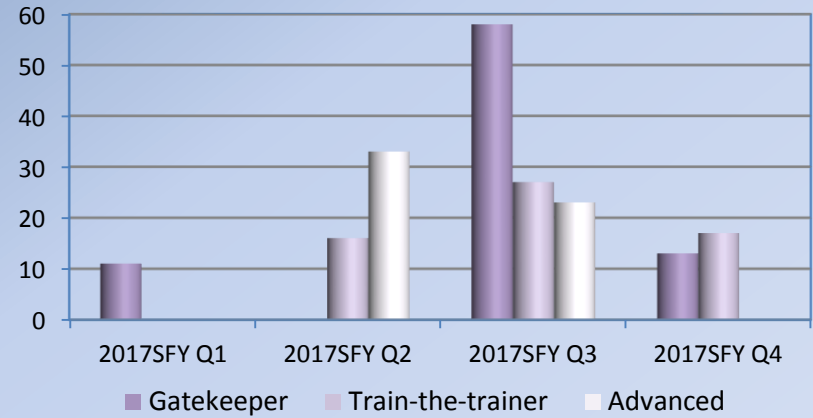


Substance Abuse and Mental Health

The number of MaineCare members enrolled in a Behavioral Health Home has increased over the last 4 quarters



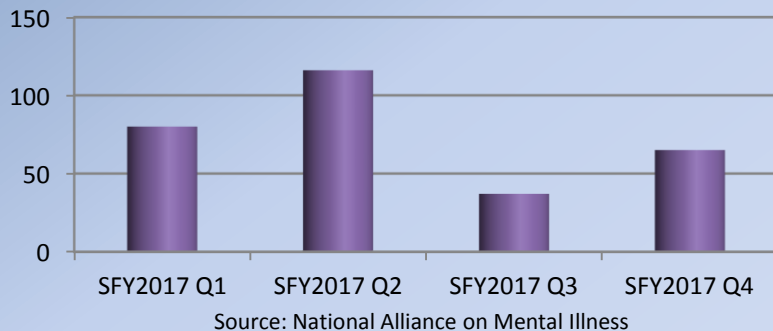
Number of evidence-based suicide-prevention Gatekeeper trainings offered to public school staff



Coordination of Care

Behavioral Health Homes are a partnership between a licensed community mental health provider and one or more Health Home practices to manage the physical and behavioral health needs of eligible adults and children. Behavioral Health Homes build on the existing care coordination and behavioral health expertise of community mental health providers.

Number of medical and behavioral health providers receiving training or TA on suicide-safer care practices



Develop statewide steering committee: Towards Zero Suicide: Implementing Suicide – Safer Care

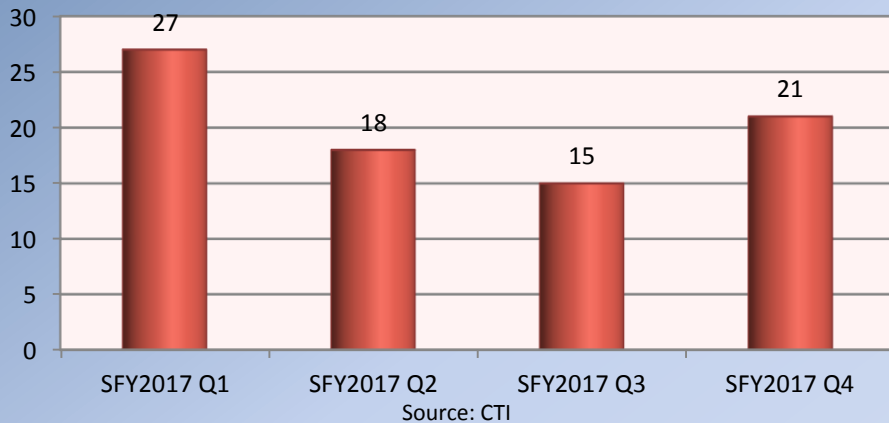
SFY2017 Q3: Organizations recruited to participate in Zero Suicide implementation

SFY2017 Q4: Proposal submitted for federal funding to support Zero Suicide implementation

Tobacco Use

213
worksites using Healthy US Scorecards to implement smoke-free policies that exceed current Maine state laws

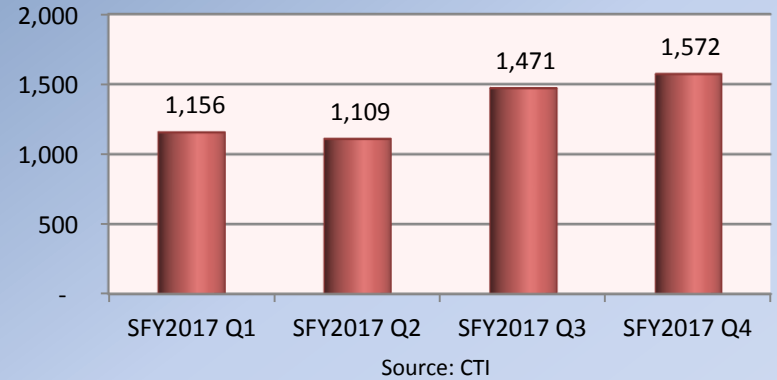
Partnership for a Tobacco-Free Maine clinical outreach sessions aiming to increase brief tobacco interventions in clinical settings



Tobacco Interventions

The Partnership for a Tobacco-Free Maine informs clinical providers of resources available, such as the Maine Tobacco Help Line. Increasing awareness of services can increase access and utilization of these services to assist in successful tobacco cessation.

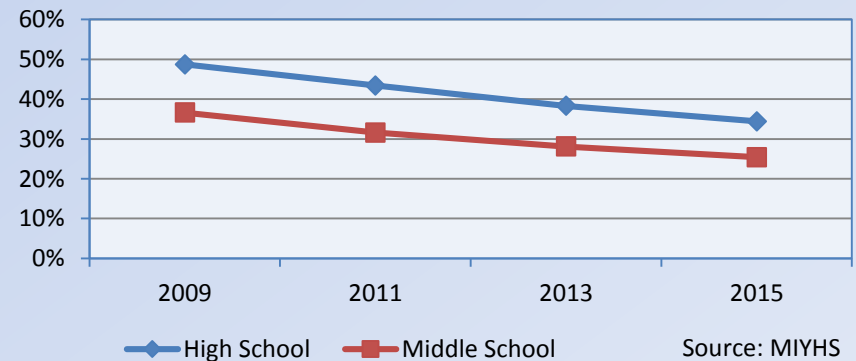
The number of medication vouchers provided to eligible tobacco users generally increased for each quarter



Secondhand Smoke

The home is the primary area where people are exposed to secondhand smoke. Children in homes where parents don't smoke are 50% less likely to smoke. There continues to be progress on working with partners (such as childcare providers, home visitors and health care providers) to encourage families to implement smoke free home pledges.

Decreasing trend of middle and high school youth who were exposed to environmental tobacco smoke in the past 7 days



Inform, Education and Empower the Public



Communication coordination:

- 13 projects implemented using pilot communication plan
- 8 Public Health Updates disseminated



Maine CDC website:

- Guidance and policies developed for website updates
- Revised architecture approved and implementation phases planned



Communication at the Public Health District level

- All 9 Districts have communication plans

Mobilize Community Partnerships



District Coordinating Councils:

- 9 DCCs have established MOUs with Fiscal Agents for the contract year
- 9 DCCs have Communications, Operations SOPs, and By-Laws in place



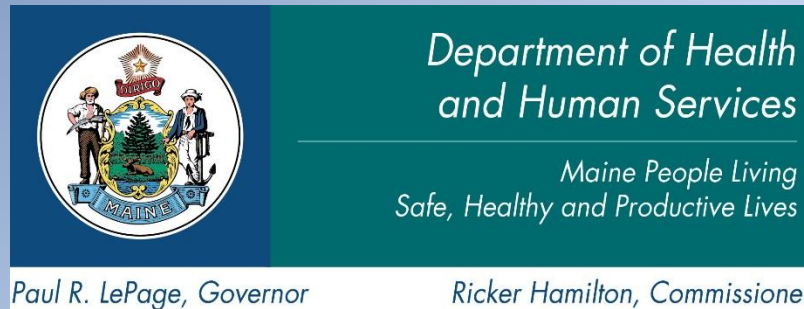
Support, guidance and technical assistance:

- TA given on Communication SOPs, By-law development, strategy development and measures



Engaging local partners

- 69 partners engaged for District Public Health Improvement Plans (DPHIP) implementation



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