# Maine State Health Improvement Plan (SHIP) 2024-2029 SCC December 12, 2024



### Overview of SHIP: Past and Present

# A Brief History of Maine SHIPs 2023-2024

#### 2023

- Started planning for Public Health Reaccreditation, including a new State Health Improvement Plan
  - Looking for value-added
- Framework developed in late 2023
- Based on 2023 Maine Shared Community Health
  Needs Assessment Priorities
  - Greater focus on "Upstream" factors

#### 2024

- Priority areas finalized in early January 2024
- All day SHIP planning session held January 31, 2024
- Extensive review, feedback, and refinement through mid-September



# Maine SHIP 2025-2029

#### 2025-2029

• SHIP implementation



### Priorities for the Maine SHIP



# Priority Area 1: Mental Health



Mental Health

# Goal 1: Maine has an inclusive and equitable culture of mental health, resiliency, and wellness for all.

- 1.1: Increase mental health literacy among all youth and adults across the state and across all Maine's diverse communities and cultures.
- 1.2: Decrease stigma around mental health.
- 1.3: Improve access to mental health services.
- 1.4: Increase awareness and skill development among informal or non-traditional community supports.
- 1.5: Decrease the percentage of students who report an ACES score of 4 or more.
- 1.6: Increase coordination and collaboration across formal systems of care.

# Priority Area 2: Healthy & Stable Housing



Healthy & Stable Housing Goal 2: Maine has housing that equitably meets the diverse needs of all.

- 2.1: Decrease the number of people experiencing homelessness.
- 2.2: Increase the services available that support stable housing.
- 2.3: Improve the quality, safety, and ADA accessibility of existing housing stock and the surrounding environment.
- 2.4: Increase the number of collaborations among health, employers (public and private), and state and local housing organizations and agencies.
- 2.5: Increase the supply of affordable housing in Maine.

# Priority Area 3: Access to Care



Access to Care

#### Goal 3: Maine is a place where all people have equitable access to care that promotes health and well-being.

- 3.1: Improve the experience of care for all, incorporating cultural humility, linguistic competence, and trauma-informed practices into care delivery.
- 3.2: Increase opportunities for regular system integration conversations among healthcare providers and systems, public health, and community-based organizations.
- 3.3: Increase the effectiveness of recruitment and retention efforts to have the necessary number and diversity of providers in underserved areas.
- 3.4: Decrease the percentage of people in Maine for whom cost is a barrier to healthcare access.
- 3.5: Increase the collection and utilization of shared, inclusive, and actionable data by communities, health systems, and state agencies.
- 3.6: Build upon existing collaborative efforts to advance transportation and telehealth solutions.

# Priority Area 4: Substance Use

Substance Use Goal 4: All people living in Maine thrive in a healing, supportive environment that addresses substance use, from prevention to recovery, and its impacts on individuals, families, and communities.

- 4.1: Enhance prevention efforts to decrease the percentage of people in Maine misusing substances.
- 4.2: Increase the availability and use of community-based supports along the substance use continuum of care for anyone impacted by substance use.
- 4.3: Increase the availability and use of intervention, harm reduction, treatment, and recovery services.
- 4.4: Reduce stigma and bias associated with substance use.
- 4.5: Advance substance policies to better meet the public health needs of communities.

# Cross-cutting Theme:



### Health and Racial Equity

#### **Example Objectives:**

- 1.1: Increase mental health literacy among all youth and adults across the state and across all Maine's diverse communities and cultures.
- 2.1: Decrease the number of people experiencing homelessness.
- 3.1: Improve the experience of care for all, incorporating cultural humility, linguistic competence, and trauma-informed practices into care delivery.
- 4.3: Increase the availability and use of intervention, harm reduction, treatment, and recovery services.

# Cross-cutting Theme: Economic Security



### **Economic Security**

#### **Example Objectives:**

- 1.5: Decrease the percentage of students who report an ACES score of 4 or more.
- 2.5: Increase the supply of affordable housing in Maine.
- 3.4: Decrease the percentage of people in Maine for whom cost is a barrier to healthcare access.
- 4.2: Increase the availability and use of community-based supports along the substance use continuum of care for anyone impacted by substance use.

# Cross-cutting Theme:



### **Populations Most Impacted**

#### Sample Objectives

- 1.1: Increase mental health literacy among all youth and adults across the state and across all Maine's diverse communities and cultures.
- 2.1: Decrease the number of people experiencing homelessness.
- 2.3: Improve the quality, safety, and ADA accessibility of existing housing stock and the surrounding environment.
- 3.1: Improve the experience of care for all, incorporating cultural humility, linguistic competence, and trauma-informed practices into care delivery.
- 3.3: Increase the effectiveness of recruitment and retention efforts to have the necessary number and diversity of providers in underserved areas.
- 4.4: Reduce stigma and bias associated with substance use.

# Tracking Progress

- Initial outcome indicators have been identified for each objectives:
  - Are we meeting the objectives we have identified?
  - Are we making progress on the goal and impacting people's health?
  - We have identified initial 5-year targets for improvement
  - We will be presenting disaggregated data wherever possible (by race, ethnicity, gender, age, disability and sexual orientation) whenever possible, with goals to decrease or eliminate disparities
- We will also track progress on specific strategies:
  - Are we implementing the SHIP as planned?
  - Did we do what we planned to do?
- We will be revising and refining the SHIP as we go.
  - Improving the data
  - Increasing alignment and effectiveness

# Creating a Living Document

- On-going consultation with the Health Equity Advisory Committee to ensure our implementation reflects the lived experiences of those impacted by disparate health outcomes
- Active collaboration to increase alignment and reduce duplicative work:
  - Should the SHIP focus on gaps and under-resourced areas?
  - Can we use the SHIP to enhance collaboration with new and existing partners?
  - How else can we use the SHIP to add value?

### Next Steps







Further refinement of indicators, including more data to measure equity

Convening four working groups for implementation

### Quarterly

Reconvene the working groups to discuss progress, challenges and needed revisions



Compile data to measure progress and make revisions based on the data

We are currently seeking partners committed to the common goals and objectives

# The SCC Role – New Proposal



#### NOW

Assisting in identifying members for the Implementation workgroups



### **Semi-annually**

Review work in progress to recommend any actions that might be considered to improve progress



### Annually

Review progress data and recommend revisions based on the data

We are currently seeking partners committed to the common goals and objectives

### **Comments and Feedback**



Maine Center for Disease Control and Prevention

# Further Comments/Questions?

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