

10th Annual HFM Behavioral Health Summit

Public Health in Maine

The Emerging Public Health Infrastructure

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(DHHS LOGO HERE)

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Goals:

▶ Inform

- The Emerging Public Health Infrastructure

▶ Build awareness

- Ways Behavioral Health can become engaged

▶ Provide an example of integration

- Central Maine Behavioral Health Tobacco Treatment Collaborative

The Original Healthy Maine Partnerships (HMPs)– 2001-2007

- ▶ **Fund for Healthy Maine (Tobacco Settlement)**
- ▶ **31 Coalitions across Maine - with school partners for Coordinated School Health Programs**
- ▶ **Not fully statewide, not necessarily coordinated with other related efforts or other coalitions**
- ▶ **Focus:**
 - Reducing tobacco use and exposure
 - Improving access to physical activity
 - Improving nutrition
 - Primarily through changes in policy and environment

Public Health Workgroup – 2005-2007

- ▶ **Led by Governor's Office of Health Policy and Finance**
- ▶ **40 Members, Broad Representation, Build on input from as many stakeholders as possible**
 - 2 year process
- ▶ **Created in last State Health Plan, charged with specific tasks by 2 legislative resolves**
 - Make recommendations regarding creation of Comprehensive Community Health Coalitions
 - Make recommendations regarding district-level public health infrastructure

Recommendations of the PHWG

- ▶ CCHC definition, EPHS (Essential Public Health Services) functions, threshold requirements, core competencies and performance standards
- ▶ .
- ▶ In process: Similar details for “District Coordinating Councils” to bring together all relevant partners at district level
- ▶ .

For more info:

<http://www.maine.gov/dhhs/boh/phwg/index.htm>

Public Health Work Group

Consensus Recommendations for Comprehensive Community Health Coalitions 1.8.07

- ◆ Definition of a Comprehensive Community Health Coalition (CCHC)
- ◆ Functions within the Ten Essential Public Health Services to be carried out by all CCHCs in Maine within 1 – 3 years
- ◆ CCHC Core Competencies and Performance Standards

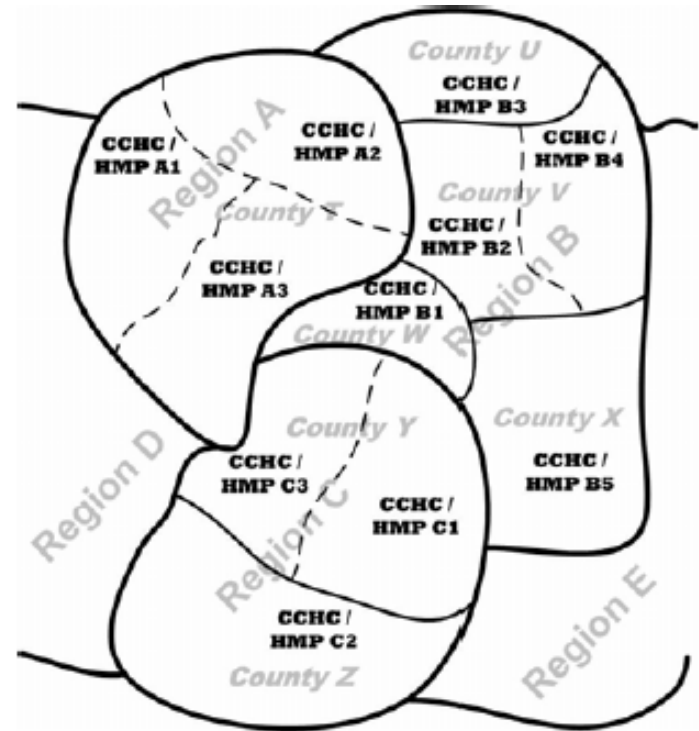
Definition

As part of Maine’s public health infrastructure, in the future a Comprehensive Community Health Coalition in Maine:

1. Serves a defined local geographic area and is part of a coordinated statewide system.
2. Uses a broad definition of health and quality of life; includes public health in its core mission.
3. Is a multi-sector coalition comprised of designated organizational representatives and interested community members who share a commitment to their communities’ health and quality of life.
4. Engages local people and others with necessary expertise to assess community health needs and assets; creates and coordinates plans to address those health needs; and mobilizes resources to implement those plans.
5. Mobilizes working partnerships in which local, regional, statewide, and national efforts and resources are combined in order to produce better results than any one organization or sector could achieve alone.
6. Links its work with local, regional, state, and federal health systems and priorities as part of a public health infrastructure that helps achieve the goals of the Maine State Health Plan.
7. Brings together:
 - Interested community members
 - Leaders of formal and informal civic groups
 - Leaders of youth, parent, and older adult groups
 - Health system leaders (e.g. hospitals, health centers, mental health and substance abuse providers)
 - Local Health Officers
 - Emergency responders
 - Local government officials
 - Leaders in early childhood development and education, K-12 schools, colleges and universities
 - Community, social service and other non-profit agency leaders
 - Leaders of issue-specific networks, coalitions and associations
 - Business leaders (e.g. Chambers of Commerce)
 - Leaders of faith-based groups
 - Law enforcement
8. Carries out some of the specific local functions within the Ten Essential Public Health Services.

The New HMPs 2007- Integrated, Efficient, Collaborative

- Fewer Contracts
- HMP Roles Expanded
- Ongoing focus on
 - Tobacco
 - Physical Activity
 - Nutrition
- Added
 - Substance Abuse Prevention
 - Chronic Disease Screening and Self-Management
- And appropriate local functions of 10 EPHS
 - As defined by the PHWG for Comprehensive Community Health Coalitions (CCHCs)



Integrated

Statewide Coordinating Council - SCC

- ▶ Advises the ME CDC
- ▶ Oversight for system

District Coordinating Councils - DCC

- ▶ Engage broad range of organizations/systems/ individuals within each district who do public health work
- ▶ Guidance being developed with SCC

Local - Healthy Maine Partnerships – HMPs

- ▶ Mobilizing for Action through Planning and Partnerships: Achieving Healthier Communities (MAPP)
- ▶ CCHC Capacity/Functions – Essential Public Health Services
- ▶ Work on chronic disease, school health, substance abuse

Local \longleftrightarrow District \longleftrightarrow State

The Bigger Picture of comprehensive community health planning:

- ▶ **Local collaboration** with many partners
 - HMPs create local service-area-wide plans
 - .
- ▶ **Provide input into District**
 - District Coordinating Council combines several local plans, assesses needs and opportunities across district
 - .
- ▶ **In turn submits information to the State Health Plan, the Maine CDC**
 - Information travels back and forth improving communication and efficiencies

Definitions:

- ▶ **HMP: Healthy Maine Partnership**
 - Local Coalitions begun by and still significantly funded by Fund for Healthy Maine, now with other funding too

- ▶ **CCHC: Comprehensive Community Health Coalition**
 - Still the HMPs – but the new work fits under an expanded set of public health expectations. The Public Health Workgroup defined new work under this umbrella term.

- ▶ **MAPP: Mobilizing thru Planning and Partnerships**
 - National Association of City and County Health Officers
 - More
info:http://mapp.naccho.org/mapp_introduction.asp

- ▶ **DCC: District Coordinating Councils**

MAPP Assessment

Mobilizing Action through Planning and Partnerships



For more info: <http://www.naccho.org/topics/infrastructure/MAPP.cfm>

Building on Evidence-Based Practices and National Standards

- ▶ **10 Essential Public Health Services**

<http://mapp.naccho.org/TipSheetEs.asp>

- ▶ **Chronic Care Model**

- ▶ **Evidence-Based Chronic Disease and Substance Abuse Prevention programs, policies, activities, strategies**

The EPHS

- ▶ The Public Health Work Group focused much of its work on the 10 EPHS
- ▶ MAPP uses the 10 Essential Public Health Services to define public health activities
- ▶ Each level - local, district and State has responsibilities within 10 EPHS

10 EPHS Are...

1. **Monitor health status** to identify community health problems
2. **Diagnose and investigate health problems** and health hazards in the community
3. **Inform, educate, and empower people** about health issues
4. **Mobilize community partnerships** to identify and solve health problems
5. **Develop policies and plans** that support individual and community health efforts

10 EPHS - continued

6. **Enforce laws and regulations** that protect health and ensure safety
7. **Link people to needed personal health services** and assure the provision of health care when otherwise unavailable
8. **Assure a competent public health and personal health care workforce**
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health
10. **Research** for new insights and innovative solutions to health problems



Chronic Care Model





Funders:

- Maine Coalition on Smoking or Health & Partnership for a Tobacco Free Maine

Primary Partners:

- Kennebec Behavioral Health
- MaineGeneral Health and HealthReach
- Healthy Communities of the Capital Area ~ Gardiner
- Greater Waterville Healthy Maine Partnership ~ Waterville
- Partnership for a Tobacco Free Maine

Background

- ▶ A dramatic reduction in tobacco use in the general population has occurred during the past 40 years
- ▶ There has been almost no decrease in the smoking rates among those with behavioral health diagnoses.
- ▶ This population has been largely excluded from the greater societal movement toward minimizing smoking.

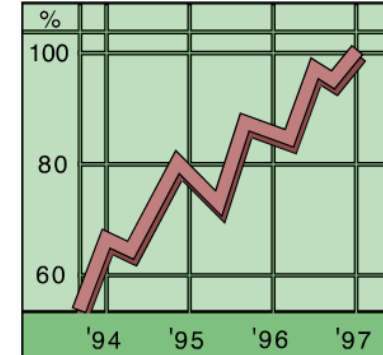


Tobacco Use Rates

- ▶ Psychiatric patients are two to three times more likely to smoke than the general population; 44% of cigarettes smoked are by those who will at some time have a psychiatric disorder

Prevalence of smoking

Schizophrenia	80%
Bipolar	80%
Depression	60%
Anxiety	45%
Substance Abuse	75 to 100%
General Population	20-25%



Formative Research

▶ 2002

- **Focus Groups and Interviews with individuals** who were high users of both Mental Health and Substance Abuse services
- **Focus Groups and Interviews with Providers**

▶ Results

- Individuals want to quit
- Providers don't see assisting with quitting as their role, and identify lack of skills

Key Early Findings

- ▶ People with mental illness and substance abuse are interested in quitting and do quit smoking
- ▶ Individuals addicted to alcohol who quit smoking are **more** likely to succeed in alcoholism treatment; continued smoking is a risk factor for relapse
- ▶ Successful treatment of underlying mental illness increases quit rates



Considerations for the BH Populations

- ▶ 2000 PHS Clinical Guidelines “*Numerous effective pharmacotherapies now exist... these should be used with all patients attempting to quit*”
- ▶ .
- ▶ Combination therapies are effective for this population
- ▶ .
- ▶ Quitting smoking does not cause abstinent alcoholics to relapse
- ▶ .
- ▶ Concurrent tobacco treatment results in better overall substance abuse outcomes

Additional Formative Assessment

2005 Focus Groups -
Ask What do you need to quit?



Next Step – Developing Tools

Posters - Developed with input from clients



Set of 5 Companion Handbills

Front

Quitting Tobacco Is A Process.
 What Stage Are You In?

Keep The Change

"I'm going to make this last."

I don't smoke...
 Quitting was hard.
 I'm dealing with stress.
 I'm rewarding myself with the money I've saved.

By not smoking, I'm helping others quit.

Back

What's next?

Keep The Change

"I'm going to make this last."

I can enjoy...

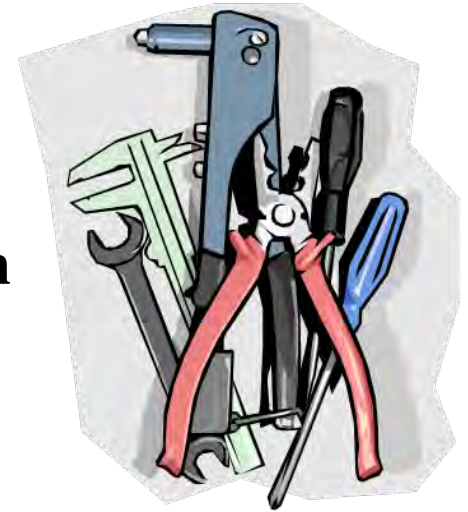
- Better health.
- The money I've saved.
- New ways to relieve stress.
- Helping others.

Call if you quit.
 1-800-487-1333

www.tobaccofreemaine.org
 Central Maine Partnership
 Behavioral Health Tobacco Treatment Collaborative

Tool Kits Designed

- ▶ **Introduction**
 - Tobacco facts
 - Treatment strategies for tobacco based on the Stages of Change)
- ▶ **5 Stages of Change folders**
- ▶ **Resources**
- ▶ **Policy & Environment including smoke-free Housing info**
- ▶ **Current Treatment Options**
- ▶ **Research**





Pilot Sites – Received Training

- ▶ Tested Materials
- ▶ Received Training on:
 - Tobacco dependence & BH Population
 - Tobacco intervention (stages of change)
 - Motivational Interviewing specific to tobacco
 - Using a systems-wide approach to tobacco treatment
- ▶ Assessment to begin in April

Phoenix House ~ Residential Substance Abuse Treatment for Adolescents

- ▶ Became a tobacco-free campus
- ▶ Integrate tobacco into Intake, Treatment, Discharge documents and plans
- ▶ Staff trained in tobacco treatment
- ▶ Tobacco education for youth

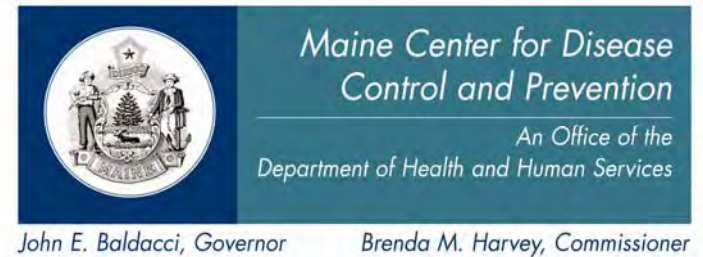


Ongoing efforts

- ▶ National presentations
- ▶ Statewide Task Force
- ▶ Tobacco Free Environments and Systems
 - Riverview Psychiatric Center
- ▶ Dissemination of Materials - accompanied by training in using the materials
- ▶ Tobacco Treatment Training - April 28, 29, 2008
 - Focus on Treatment for Behavioral Health Providers/Clients
- ▶ Smoke Free Housing - Landlord Training - May 22, 2008

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Linking Public Health Efforts with Clinicians to improve Chronic Disease Outcomes

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Quality Counts 5 – December 7, 2007

