

# Maine Center for Public Health

## Maine Partners with Harvard School of Public Health

The Maine Center for Public Health and the Harvard School of Public Health are partners in the newly created New England Alliance for Public Health Workforce Development. As a result of this partnership, Maine will see new public health seminars, workshops and conferences focused on public health competencies and skills lead by faculty both in Maine and from the Harvard School of Public Health.

The New England Alliance was formed in response to a Health Services and Resources Administration (HRSA) request for proposals to develop Public Health Training Centers that will assure the public health workforce has the knowledge, skills and abilities to address increasingly complex public health problems. The five schools/programs of public health in New England (Harvard, Yale, Boston University, UMass Amherst and Tufts) collaborated to develop a region-wide proposal that will increase and improve public health workforce training in every New England state. Each school partnered with a different New England state.

The purpose of the Alliance is to:

1. Promote strategic public health workforce development in each New England state.
2. Develop strong collaborations

between academic public health programs and state and local public health practitioners.

3. Support academic-practice partnerships to deliver competency-based training and education to the currently employed public health workforce.

The Harvard/Maine proposal will focus on three workforce groups: (1) staff of state and local public health agencies, (2) clinicians, and (3) staff of community and statewide organizations, hospitals and coalitions who participate in improving public health.



The proposal was due on December 6, 1999 and, if funded, the program will begin September 1, 2000. Since the New England Alliance includes all the schools of public health in the region, only schools of public health are eligible for the funding, and one award is expected in each region, the likelihood of approval appears high.

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## Message from the President

I am so pleased to be participating in this newsletter as the first President of the Maine Center for Public Health. Dr. Manu Chatterjee, one of Maine's early public health pioneers, drew me into the field thirty years ago when I was a college student. I've worked and lived in many states and countries since then and am thankful for the opportunity to return. My wife and two daughters (one already a Bates student) all look forward to our family's move from Massachusetts.

The Center is new to me but not to Deborah Deatrich at MaineHealth, Lisa Miller at the Bingham Foundation and Randy Schwartz at the state Bureau of Health. All three possess graduate degrees in the field and they lamented Maine's lack of a school of public health. They were determined to increase in-state resources for research, education, policy analysis and technical assistance. Ten years ago they conceived of the Center. Since then they convinced a steadily larger group of like-minded people of the rightness of their idea and finally brought the concept into reality.

The governing Board of Directors reflects the Center's public-private partnership. Members are drawn from state government (Bureau of Health), the major health systems, managed care organizations, private foundations and universities. All of these organizations have also contributed to the organization's initial funding. Bill Caron from MaineHealth is the current Chairman, and the Board includes the three founders mentioned above.



Center activities began before the new office opened its doors at 12 Church Street in Augusta. A number of these efforts are described in this newsletter. The Center will be successful if it is able to involve the individuals and organizations that form Maine's public health fabric. That includes you.

Paul Campbell, MPA, ScD  
President

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## Maine Awarded Turning Point Grant

Maine Turning Point Project (MTPP) is a collaborative project with the long-range goal of strengthening the public health system in Maine. The first stage is a broad-based effort to develop a public health improvement plan for Maine. This is a joint effort of the Maine Center for Public Health, Medical Care Development and the state Bureau of Health plus a wide variety of individuals and organizations (the Partners) representing public health interests. The project is primarily funded by a grant from the Robert Wood Johnson Foundation.

MTPP has established a 35 member Steering Committee and has enlisted over 100 Partners. These Partners support our efforts and mission. Many of them also participate in one of our Work Groups. Currently we have three Work Groups: Workforce and Training Issues; Public Health in Clinical Care; and Infrastructure. The Work Groups will present their initial findings and draft recommendations to the broader Public Health community at a Summit to be held on May 11, 2000 at Sugarloaf/USA in Carabassett Valley, Maine.

Our plans for this winter also include a public health

opinion poll and a public relations plan. Funds for these activities have been provided by a technical assistance grant from the Turning Point National Program Office. If we are to generate real support for systemic change in the public health infrastructure, we must start laying the groundwork now, through increased awareness of public health functions and their importance. The poll is scheduled for late January and meetings have already begun with our public relations vendor, Burgess Advertising.

Technical assistance funds have also allowed us to enhance the community component of our project. We will now be able to engage twenty local health organizations to host community roundtables using the nationally recognized Healthy Community Dialogue Guide. These activities will provide vital local data for Turning Point and provide an opportunity for local community organizing around important public health services.

For more information, contact Kate Perkins, MTPP Project Director.

**“Our plans for this winter also include a public health opinion poll and a public relations plan.”**

# County Behavioral Health Data to Be Collected

MaineHealth, and MaineGeneral Health, two organizations represented on the Board of the Maine Center for Public Health, will be contracting with the Maine Center for Public Health to oversee the collection of county-specific BRFSS data and to produce reports for ten southern Maine counties.

In order to effectively plan and evaluate health programs, information on current health status and benchmarks is critical.

One tool used to obtain that data is the Behavioral Risk Factors Surveillance Survey (BRFSS), a Centers for Disease Control and Prevention (CDC) survey implemented through the Maine Bureau of Health. The survey includes information on such health issues as smoking, physical activity, health care access, health screening,

chronic disease, etc.

A limitation to the BRFSS is the inability of most counties to obtain county specific data because of the small number of people surveyed each year in a given county. Because MaineHealth and MaineGeneral

completed by January 1, 2001. Macro International, Inc., a firm that does the BRFSS for a number of states, has been contracted to do the surveys, merge the data with the Bureau of Health surveys and send it to the CDC for analysis.

**“The survey includes information on such health issues as smoking, physical activity, health care access, health screening, chronic disease, etc.”**

The counties included in the project are: Androscoggin, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Sagadahoc,

Waldo and York.

Both MaineHealth and MaineGeneral Health hope that the Bureau of Health will be able to provide county specific data for all of Maine in the future. It is expected that the county reports will be available by fall 2001.

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## BC/BS Sale Will Establish Health Access Foundation

If the proposed sale of Blue Cross/Blue Shield to Anthem is approved in the coming months, a new charitable trust dedicated to health care access will be established. The Trust's mission, structure and composition of trustees were the subject of seven public hearings convened by the State Attorney General in October 1999.

Paul Campbell, President of the Maine Center for Public Health, along with numerous public health and health care access advocates testified on their recommendations for improving the plan that was submitted by BC/BS in September. The key points presented by Paul Campbell included:

1. While the primary goal of the new foundation should be to improve access to necessary health services, this strategy is not sufficient to improve health. Access to health promotion activities, disease prevention programs including screening services, and primary care services are necessary to improve health.
2. The foundation should be accountable for results

(rather than just activities) and that can be accomplished by developing agreed upon goals and measurable indicators or benchmarks for health behaviors, health activities and services and health status.

Recommendations for criteria for skills needed for the Board of Trustees were also given.

Since the hearings, the Attorney General has filed a modified charitable trust plan which focuses the mission, addresses issues of liability, and changes the name of the foundation from Pine Tree Health Care Foundation, Inc. to Maine Health Access Foundation, Inc., among other recommendations. Hearings on the actual sale are now underway.

For a copy of the modified Charitable Trust plan, contact the MCPH.

# MCPH Board Votes to Approve Y2K Goals

The mission of the MCPH is “to enhance the health of Maine citizens through an organized program of policy analysis, education/training, research and technical assistance.”

Following the MCPH mission, the Board of Directors approved the Center’s goals and objectives for 2000. A summary of the goals and some related activities is as follows:

1. *The Maine Center for Public Health will become an important participant in Maine public health policy issues.* Specific issues include collaboration in the development of a health improvement plan through the Turning Point Project, providing input into the Blue Cross/Blue Shield sale to Anthem, Inc, and advocating the allocation of tobacco settlement funds for tobacco prevention and control and other public health promotion and prevention programs.
2. *The MCPH will enhance educational and training opportunities in Maine for the public health workforce.* Some specific activities to reach this goal will include: provide assistance to identify gaps in current public health workforce training through the Turning Point project, collaborate with the Harvard School of Public Health to bring workforce training to Maine, participate in the planning of a new MPH program, expand opportunities for distance learning and arrange for student internships.
3. *The MCPH will contribute to available knowledge about public health practice in Maine through applied research and dissemination.* The Center will collaborate with other organizations to secure applied research grants relating to public health interventions, and document and disseminate the results through national literature and conferences.
4. *The MCPH will, through technical assistance in health promotion and disease prevention, enhance Maine’s capacity to address the behavioral sources of its chronic disease problems.* MCPH will collaborate to disseminate data on public health indicators, produce a web site with linkages to other state and national organizations to assist communities in planning and implementing public health programs and improve the capacity within Maine to use the internet effectively in pursuit of public health goals.
5. *MCPH will be responsive to emerging public health issues as identified by constituent and other relevant organizations.*
6. *MCPH will continue to develop as an increasingly efficient and effective, as well as collaborative and sustainable organization.*

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## MCPH BOARD OF DIRECTORS

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# Tobacco Settlement Opportunity for Improving Public Health

As a result of a multi-state settlement agreement with the states attorneys general in 1998, the tobacco industry will pay Maine between \$49.3 and \$64.6 million each year.

The tobacco settlement provides a unique opportunity to dedicate funds that will improve the health of Maine citizens through prevention and health care access programs.

## *Background*

In the 1999 legislative session, a measure was passed and signed by the Governor to allocate the state's initial \$18.5 million payment to a newly created Fund for a Healthy Maine. The bill identified a number of areas for funding including tobacco prevention, expanding access to health care and dental care, prescription drug program for the elderly, substance abuse programs, child care and school health programs, among others. The remainder of the funds was left unallocated until the current legislative session.

The bill to dedicate all tobacco settlement funds to health improvement and access programs was supported by a broad based group of health, public health, health access and community advocacy groups

## *Making the Case for Prevention*

According to the Maine Bureau of Health, Maine faces an epidemic of chronic disease with  $\frac{3}{4}$  of Maine peo-

ple dying of four chronic diseases (cardiovascular disease, cancer, chronic obstructive pulmonary disease (emphysema) and diabetes.) Tragically, Maine has the 4<sup>th</sup> highest death rate due to chronic disease.

However, these chronic diseases can be prevented because most of the death

**“The tobacco settlement funds should be considered an investment in Maine’s future.”**

and disability is the result of three preventable risk factors: tobacco addiction, dietary habits, and exercise habits. Data from the Behavioral Risk Factors Surveillance Survey (BRFSS) shows Maine has a long way to go in reducing smoking prevalence, improving dietary habits and increasing physical activity.

Tobacco settlement funds can be used to effectively address this chronic disease epidemic by providing funds to communities to reduce chronic disease risk factors. Maine currently spends well below the Centers for Disease Control and Prevention's recommended amount for a comprehensive tobacco control program and virtually no state money is dedicated to prevent-

ing cardiovascular disease, cancer or diabetes.

## *Improving Access to Care*

As in the rest of the country, the number of uninsured in Maine continues to rise. According to the Maine Center for Economic Policy, Maine has the highest rate of low-income uninsured parents in New England. Groups such as the Consumers for Affordable Health Care and the Maine Center for Economic Policy have proposed that \$4 million of the tobacco settlement funds be used to expand Medicaid, as has been done in other states, to provide coverage for approximately 10,000 low-income working parents.

## *Call for Action*

The tobacco settlement funds should be considered an investment in Maine's future. The combination of greater prevention of chronic diseases and increased access to health care will result in a healthier Maine that will improve quality of life for all. Because of the many demands on this limited pot of money, it will be important for legislators to hear from public health advocates. If you would like more information on these proposals and their potential impact, call the Maine Center for Public Health at 629-9272 or email us at [phealth@mcph.org](mailto:phealth@mcph.org).

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## Northern New England MPH Program Under Discussion

It may soon be easier for people in Maine to obtain a Masters in Public Health degree. Representatives from the University of New England, University of New Hampshire, the Bureau of Health, The Bingham Program, USM and the Maine Center for Public Health have been meeting over the last several months to discuss the development of a Northern New England Masters in Public Health Program.

There is a great deal of enthusiasm among the group to develop an affordable program to meet the unique needs of rural states like Maine and New Hampshire. The focus will be on those already in the health/public health work force, including clinicians. The program will be an accredited graduate level public health program (either generalist or public health education) rather than a full School of Public Health with courses available in both Maine and New Hampshire. The exploratory committee has discussed the importance of linking the program to the practice community in order to utilize the knowledge and skills of experts in the field.

If this process is successful, and all academic approvals are obtained, a 2001 start date is possible.



## MAINE CENTER FOR PUBLIC HEALTH

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### Center Hires Staff

The Maine Center for Public Health hired its first staff over the past five months. Paul Campbell has been selected as President. Paul earned a masters degree in public administration in Oregon and his doctorate in health policy and management at Harvard. Since beginning his public health career in Maine in the late 1960's, he has managed non-profit health organizations and gained experience in the U.S. and abroad as a consultant, researcher and teacher. He was the Director of Management Services at John Snow, Inc (JSI), a public health consulting firm based in Boston and has served on the public health faculty at both Boston and Harvard Universities. He remains a part-time faculty member in the departments of Health Policy and Management and Population/International Health at Harvard.

Karen O'Rourke is the Center's first Program Director. She earned her masters degree in public health, and has worked in Maine since 1992 when she moved here from Massachusetts. Karen has public health experience at both the state level, with the Bureau of Health, and at the local level, at the Portland

Department of Health. She has worked in non-profit organizations as well as with government. She is the Immediate Past President of the Maine Public Health Association and serves on numerous statewide committees advancing public health issues.

Lisa Brown has joined Paul and Karen as the Center's first Administrator. She is a graduate of Thomas College and comes to the organization with training and experience in computer systems. The Center is in great need of both her administrative and computer-related skills.

