



IMPROVING THE
HEALTH OF
MAINE PEOPLE:
Getting Down to Basics



JANUARY 2010

SUPPORTED BY:

The Maine Health Access Foundation

Table of Contents

EXECUTIVE SUMMARY	I
ASSESSMENT PROCESS	I
RECOMMENDATIONS FOR FOUR BASIC CHALLENGES	II
MAINE'S HEALTH CARE CHALLENGE	1
A COLLABORATIVE RESPONSE	3
RECOMMENDATIONS	5
THE CHALLENGES	5
SURVEY AND FOCUS GROUP THEMES.....	5
A. RECOMMENDATIONS FOR SEEING HEALTH CARE PROVIDERS AT CONVENIENT TIMES AND LOCATIONS	6
B. RECOMMENDATIONS FOR EXPANDING ACCESS TO PREVENTIVE CARE AND PREVENTION AND WELLNESS OPPORTUNITIES	7
C. RECOMMENDATIONS FOR PROVIDING SIMPLE SUPPORTS AND TOOLS TO HELP PEOPLE GET AND STAY HEALTHY	10
D. RECOMMENDATIONS FOR IMPROVING ACCESS TO GOOD HEALTH INFORMATION.....	12
E. RECOMMENDATIONS FOR ANALYSIS AND QUALITY IMPROVEMENT OPPORTUNITIES.....	15
F. RECOMMENDATIONS FOR POLICY CHANGE	17
CONCLUSION	17
RECOMMENDATIONS SUMMARY	18
APPENDICES	20
APPENDIX A: SOCIO-ECOLOGICAL MODEL	20
APPENDIX B: RESEARCH PUBLICATIONS	21
APPENDIX C: SURVEY INSTRUMENT	24
APPENDIX D: FOCUS GROUP DISCUSSION GUIDE	32
APPENDIX E: SURVEY RESULTS SUMMARY.....	34
APPENDIX F: FOCUS GROUP SUMMARY.....	37
APPENDIX G: ENDNOTES.....	39

Maine Health Access Foundation
Collaborative Strategies Grant
Letter from Partners

December 21, 2009

It's been twelve months since we gathered for the first time to start discussing the best ways to improve the health of Maine residents and their experiences using the health care system. After an intensive analysis of best practice research from around the country, Maine's particular challenges and current gaps in addressing them, and the voices and stories of about one thousand Maine people, we are pleased to provide the report and recommendations that follow.

It is our hope that these recommendations will serve as a simple roadmap for action for all Maine people. They target the basic challenges that can prevent adults and children from getting and staying healthy. The recommendations are designed to build upon the excellent work already happening across the state and create momentum for additional improvements in the tools and supports found in homes, communities, workplaces, providers' offices, insurance companies, and in the health policies made by state lawmakers.

By working together as individuals, health care providers, community organizations, state and local health departments, businesses, and lawmakers from around the state, we can help improve health and bring down health costs for Maine. And that's good for all of us!

We hope you'll find this report instructive as you engage in new opportunities to improve Maine's health outcomes. And we hope you'll be inspired to take action as a result.

Sincerely,
The Maine Health Access Foundation's Collaborative Strategies Planning Team

Acknowledgements

This report is a product of the Maine Health Access Foundation's 2009 "Collaborative Strategies Planning Team." Organizational partners and their designated participants included:

- Community Concepts Inc., Joan Churchill
- Co-Occurring Collaborative Serving Maine, Catherine Chichester and Claudia Bepko
- Maine Assembly of School-Based Health Centers, Lisa Burgess
- Maine Department of Health and Human Services, Geoff Green, Tony Marple, Roderick Prior, and Brenda McCormick
- Maine Equal Justice Partners, Ana Hicks
- Maine Primary Care Association, Edwina Ducker
- NAMI Maine, Carol Carothers
- Sacopee Valley Health Center, Mary Agnes Gillman and Marty Braga

Facilitation and report writing was provided by Carol Kelly, Pivot Point Inc.

The process was supported by Maine Health Access Foundation staff, including:

- Kim Crichton, Program Officer
- Barbara Leonard, Vice President for Programs

In addition to the Planning Team and Maine Health Access Foundation program staff, report reviewers included:

- Wendy Wolf, Maine Health Access Foundation
- Debra Wigand, Maine Center for Disease Control

The following individuals provided informative presentations to the Planning Team over the course of the project:

- Robin Chacon, MaineCare Information Services
- Bob Cott and Karen Barlow, CD&M Communications
- Laura Gottfried, MaineHealth
- Beth Hamm, MaineCare Eligibility
- Joanne Joy, Southern Kennebec Healthy Communities
- Lisa Letourneau, Quality Counts
- Eric Meyer, APS Health Care
- Deborah Nichols, Schaller Anderson
- Pat Scheuerman, MaineCare Member Services
- Ellie Udeh, Hannaford Supermarkets
- Debra Wigand, Maine Center for Disease Control

In its compilation and analysis of best practice opportunities, the Planning Team benefited greatly from many publications authored by state and national experts. A full list of the publications the team considered in their planning process is provided in Appendix B.

The Planning Team would like to thank all those whose time and expertise helped to shape this project. The team would especially like to acknowledge and thank the 988 Maine people who shared their opinions and experiences in surveys and focus groups.

Maine Health Access Foundation
150 Capitol Street
Augusta, ME 04330
(207) 620-8266, www.mehaf.org



Executive Summary

When Maine people are healthy, we all benefit. Children are better students; workers are more productive, leading to economic prosperity for themselves and their employers; and adults and families are better able to participate in their communities and help create an environment in which we can all thrive. Living in Maine has been described by many as “the way life should be.”

When it comes to improving health, Maine has been successful in many ways. Rates of cancer, diabetes, and chronic lung disease deaths have fallen in recent years. Maine has also been very successful in reducing youth smoking, infant mortality, and teen birth rates. But Maine people also face many challenges in getting and staying healthy.

Maine is predominantly rural, which means many people have to travel great distances to see a health care provider, go to the grocery store, or get to school or work. Maine is also the home of a population that is older and already suffering from disability and illness. Maine has lower than average education levels, which are closely linked to poverty

levels, which are, in turn, closely linked to health. And most significantly for health and health costs, Maine people have lower incomes and face higher than average costs of living – heating costs, housing costs, and higher transportation costs.

Some of Maine’s health challenges are simply unchangeable, such as Maine’s geography, population density, and age. Others are long-term systemic issues, like income, education, and disability levels, which will require years of focused effort to improve. But there are other more subtle barriers to good health, requiring an in-depth look at the root issues and what really drives poor health outcomes. In these there is hope for relatively simple, short-term solutions that address the basics, like helping Maine people navigate a health system that many see as cumbersome, uncoordinated, and lacking the integration of primary care, behavioral health care, dental care, and specialty care. Many Maine people also lack access to easy-to-understand health information, reliable transportation, healthy food, or the ability to see a doctor without having to go to the emergency room. These all-too-common challenges can prevent them from being as healthy as they can be. So while large-scale changes to the national health care system are being discussed in Washington,

Maine continues to look for and invest in immediate low-cost, high impact ways to help Maine citizens improve their health.

ASSESSMENT PROCESS

The Maine Health Access Foundation (MeHAF) is Maine’s largest health care foundation. MeHAF is continually looking for opportunities to make the health care system work better for the patient, reduce health costs, build system efficiencies that also improve equitable access to care, and support Maine people in becoming healthier. To help identify these opportunities in the context of the current environment, MeHAF initiated a planning process with the Maine Department of Health and Human Services and seven non-profit organizations. During a nine-month collaborative process the partners were asked to review best practice research in order to make patient and family-centered strategy recommendations that would improve the health of Maine residents and their experiences using the health care system. MeHAF requested that the recommendations be broad and inclusive - highlighting opportunities for all those who work to improve the health and well-being of Maine people. Partners were asked to pay particular attention to strategies that could assist those

with the least resources to improve their own health, acknowledging and respecting the unique challenges they may face related to transportation, dependent care, food security, work schedules, family and work supports, and health provider options.

The final recommendations were developed after nine months of research, surveys, focus groups, analysis and discussion. Team members have designed their recommendations to address the four basic challenges that emerged as most likely to stand in the way of improved health. The recommendations to address these challenges are designed to have an immediate impact within existing structures and systems and are the most important interventions to pursue right away, even if some must be pursued incrementally because of cost limitations. Additional recommendations have also been made that are designed to address the long-term systemic changes needed to improve health and lower health costs in Maine.

RECOMMENDATIONS FOR FOUR BASIC CHALLENGES

Challenge #1: The ability to see health care providers for treatment services at convenient times and locations.

A serious challenge that Maine people face in getting and staying healthy is the ability to see health care providers for treatment services at convenient times and locations. The reality of unexpected illness and last-minute conflicts, like work scheduling or losing transportation, can sometimes result in emergency room visits. But simple improvements in how providers schedule appointments, like allowing same-day appointments, opening up a practice to off-hour appointments (earlier and later than 9am to 5pm), and coordinated scheduling on consistent days and times, would help people stay healthy and help reduce expensive emergency room visits.

Challenge #2: Access to preventive care and prevention and wellness opportunities.

Another barrier to improved health is access to preventive care and prevention and wellness opportunities. To address this challenge, the team recommends a handful of important strategies. For example, extending MaineCare insurance coverage to adults for oral health preventive and restorative services was identified as one of the most important, far-reaching actions that could be taken to improve the health of people with low incomes. And expanding access to healthy foods and increasing physical activity opportunities through Maine's many

community-based networks and public-private partnerships are important elements in helping Maine people maintain a healthy weight and reduce stress.

Challenge #3: Getting simple tools and supports that address the front-line barriers to better health.

Maine people also have difficulty getting the simple tools and supports that address the front-line barriers to improved health. To respond to the complexity of the health care system and the tremendous barrier this creates for improving health, the team recommends that a network of System Navigation Specialists be integrated into the overall health care system, building on what's already in place and working to help people with paperwork, prescriptions and other community supports that are essentials to good health. Additional recommendations to address this challenge include enhancing transportation options in communities across the state. This could help Maine people access health care services, exercise options, and stores that sell healthy food. And because stress takes a tremendous toll on individuals and families, it is recommended that stress management programs be developed to reach more people in more communities around the state. These efforts should involve providers,

health educators, and community organizations.

Challenge #4: Finding health information that is accurate and easy to understand.

Maine people also find it difficult to get health information that is accurate and easy to understand. A variety of steps can be taken to address this challenge. First and foremost, it is recommended that a network of Health Educators/Coaches be coordinated across the state. Building on existing programs, this system of health care professionals will create personal connections to patients and translate both general and specific health information into plain language that can be used to improve health. Health information also needs to be available in more community locations where people are already going, like grocery stores, libraries, and other retail locations. Other recommendations include opportunities for MaineCare, and other organizations that provide health coverage, to expand the types of information they provide, as well as their use of electronic communications.

In order to support these proposals and lay the foundation for longer-term systemic change, the team also recommends some additional analyses and quality improvement

opportunities, as well as some specific state policy changes.

These recommendations are a call to action for all Maine people. They are about getting down to the basics and addressing the root issues behind some of the challenges Maine people face in getting and staying healthy. Without addressing the basics, all other efforts to improve health will fall short of their potential. Working together as a state to follow the recommendations will result in better health - generally at a very low cost. Taken together, they form a roadmap for health improvement, cost reduction, and shared prosperity for all Maine people.



Maine's Health Challenge

When Maine people are healthy, we all benefit. Children are better students; workers are more productive, leading to economic prosperity for themselves and their employers; and adults and families are better able to participate in their communities and help create an environment in which we can all thrive. When it comes to helping Maine people get and stay healthy, the stakes couldn't be higher.

In so many ways, Maine is a wonderful place to live, work, and raise a family. Maine people are both independent and community-minded, with a shared commitment to working together to improve life for everyone. Maine's beautiful environment offers clean air and water, traditional employment as well as emerging green jobs, and many opportunities for outdoor recreation. Living in Maine has been described by many as "the way life should be."

But when it comes to staying healthy, Maine people also face many challenges. Maine is predominantly rural, with almost half the number of people per square mile as the national average. This means many people

have to travel great distances to see a health care provider, go to the grocery store, or get to school or work. Maine is also the home of a population that is older and already suffering from disability and illness. Compared to national averages, Maine has the oldest median age in the country, and is the fourth highest in its proportion of people who are 65 and older. At the same time, 24% of adults in Maine have a disability, compared to the national average of 15%. Maine also has lower than average education levels, which are closely linked to poverty levels. Maine's proportion of adults who have not graduated from high school is 14.6%, compared to 9.4% nationally. Maine has the lowest proportion in New England of people with a college bachelor's degree, and is the only New England state with a proportion lower than the national average.¹

People with mental health and substance abuse problems face their own significant challenges. Approximately 55,000 Maine adults suffer from serious mental illness.² Adults with serious mental illness die 25 years earlier than other Americans, primarily because of treatable medical conditions. When people suffer from mental health issues, it is much harder for them to maintain their physical health. They are far more likely to smoke, suffer from stress, experience social instability, and be overweight or obese from the side effects of psychotropic medicine.³ Major depressive disorder is the second leading cause of death and disability in the world.⁴ Maine's rates of depression among

youth and adults are higher than the national average⁵ and suicide is the second leading cause of death for 10-24 year olds in Maine.⁶ There is also a systemic lack of coordination between physical and behavioral health services in Maine, so some patients may get treatment for their physical condition but not their underlying mental health issues, or vice versa.

Most significantly for health and health costs, Maine people have lower incomes. Persistent poverty is the strongest predictor of mortality among low-income persons. Individuals with incomes of less than \$15,000 are four times more likely to die of any cause than those with incomes over \$70,000.⁷ People with low incomes have higher stress levels, fewer resources to purchase healthy foods, and face more barriers to reliable transportation, child care, and getting regular exercise. Maine's median household income is almost \$4,000 less than the national average and the lowest in New England. Almost one third (31%) of Maine's population lives below 200% of the federal poverty level⁸, which is the income level at which families are just beginning to make ends meet. Maine people also face higher than average costs of living – heating costs, housing costs, and higher transportation costs – which simply exacerbate the health effects of already lower incomes.

Despite these challenges, Maine has been successful in improving health in many ways. Rates of cancer, diabetes, and chronic lung

disease deaths have improved in recent years. Youth smoking rates have dropped over 60% since 1999, infant mortality rates are low, and teen birth rates are almost half the national average.⁹ But ultimately, Maine's many risk factors for poor health outcomes and high health costs do add up. Maine still has a higher rate of deaths from cancer, diabetes, and chronic lung disease than the national average. Over one quarter of Maine adults are obese, another 38% are overweight, and only 43% of Maine youth are getting recommended levels of physical activity. In 2007, 20% of adults and 14% of high school students reported being current smokers.¹⁰ Maine currently spends more on health care and has poorer health outcomes when compared with most national data. Nearly 37% of Maine's increase in health spending from 1998 to 2005 is attributable to the leading chronic illnesses, which are often preventable if one has the necessary resources and support. From 1983 to 1999, while most Americans were living longer, the projected lifespan shortened for women in Washington County¹¹, where 20% of county residents live below the poverty line.¹² Meanwhile, fewer Maine citizens report excellent or very good health than any other New England state.¹³

Some of Maine's health challenges are simply unchangeable, such as Maine's geography, population density, and age. Others are long-term systemic issues, like income, education, and disability levels, which will require years of focused effort to improve. But there are other, more subtle barriers to good health,

requiring an in-depth look at the root issues and what really drives poor health outcomes. In these there is hope for relatively simple, short-term solutions that address the basics, like helping Maine people navigate a health system that many see as cumbersome, uncoordinated, and lacking the integration of primary care, behavioral health care, dental care, and specialty care. Maine people can also lack access to easy-to-understand health information, reliable transportation, healthy food, or the ability to see a doctor without having to go to the emergency room. These all-too-common challenges can prevent them from being as healthy as they can be.

So while large-scale changes to the national health care system are being discussed in Washington, Maine continues to look for immediate low-cost, high impact ways to help Maine citizens improve their health.



A Collaborative Response

The Maine Health Access Foundation (MeHAF) is Maine's largest health care foundation. Its mission is to promote affordable and timely access to comprehensive, quality health care, and improve the health of every Maine resident. With a focus on those who are uninsured and medically underserved, MeHAF supports solutions to Maine's health care needs through grants and other programs that strengthen Maine's safety net, promote patient and family-centered care, and advance health reform. As a result, MeHAF has continually asked: how can we make the health care system work better for the patient; how can we take advantage of opportunities to reduce costs and build system efficiencies that also improve equitable access to care; and how do we support Maine people in becoming healthier? To help answer these questions in the context of the current environment, MeHAF partnered with the Maine Department of Health and Human Services and seven non-profit organizations (the "planning partners") to embark on a nine-month planning process. In this collaborative process the partners were asked to review best practice research in order to make patient and family-centered strategy

recommendations, including program, policy, education, and skill building strategies that would improve the health of Maine residents and their experiences using the health care system. Partners were asked to pay particular attention to strategies that could assist those with the least resources to improve their own health, acknowledging and respecting the unique challenges they may face related to transportation, dependent care, food security, work schedules, family and work supports, and health provider options.

Because MeHAF focuses on populations who are uninsured or medically underserved, partners were chosen based on their proven commitment to the health and well-being of these priority populations, including those currently enrolled in MaineCare. Partners also needed to have the capacity to collect feedback from their low-income members or constituencies; provide access to local and national expertise on today's health and health care challenges as well as best practice opportunities for improvement; the ability to think creatively and collaboratively; and the willingness to commit staff time to engage in an intensive nine-month planning process. In order to support these organizations and their commitments to this process, MeHAF provided each non-profit partner with a small grant to cover their participation and member engagement expenses. Because some populations were not reflected in the expertise of organizations interested in partnering on this effort, the planning partners recognize that there are limitations of this report, as it

focuses primarily on strategies for and opinions from the general adult population.

In the first phase of the project, team members immersed themselves in research designed to uncover the challenges and gaps that currently create barriers for Maine people, and especially low-income individuals, to get and stay healthy. Using the socio-ecological model as a guide (see Appendix A), participants explored the factors that influence health-related behavior and then integrated current health trends in Maine, particularly among MaineCare members. They examined what's working and what's not in Maine and around the country in private, non-profit, and government-sponsored programs. Information sources included both publications and presentations from local and national experts. In all cases, participants drove the research process, offering content recommendations and engaging in informative discussions.

As a result of this first wave of research and analysis, the team developed a list of potential strategies and a framework for who the strategies would be designed to reach. The team agreed to focus on a few specific low income groups: people with no or low history of hospitalization, emergency room users, families with children, adults without children (not including seniors and people who are disabled), and the chronic care populations. The team also agreed not to focus on the 20% of MaineCare members whose health needs require 80% of MaineCare

resources, as that population already has access to tailored strategies for improving their health outcomes and lowering costs. As each potential strategy emerged, the team assessed its relative impact (breadth and depth of population impact) and its relative ease (its use of resources and its synchronicity with existing systems and environments). Following these criteria, a preliminary set of recommendations was developed.

The second phase of the project involved testing the team's preliminary recommendations among those they were designed to benefit – Maine health care consumers, particularly those with the most barriers to care. Both quantitative and qualitative information was sought to gauge support and effectiveness levels. A survey instrument was designed and created using a web-based survey tool. Team members distributed this survey to their members, customers, or constituencies. Of the 869 individuals who responded to the survey, 472 identified themselves as currently enrolled in MaineCare. Building on early survey responses (including those items that were mentioned frequently in the open-ended questions), a focus group discussion guide was created. The purpose of the focus groups was to further understand the most popular recommendations identified by survey respondents and learn more about the driving influences behind them. This information could then be used to refine the final strategies in order to maximize their effectiveness. A rigorous IRB (Institutional Review Board)

process was followed in order to protect the rights and privacy of all survey and focus group participants. Team members conducted eleven focus groups with 113 individuals as well as six one-on-one interviews. Specific focus groups were conducted with mental health consumers, people with low incomes, parents with children in Head Start, people with substance abuse challenges, and a group of New Americans originally from Somalia. The focus group and survey results provided valuable information for the refinement of the team's final recommendations.

The final recommendations focus on strategies that work for adults, parents, and families*. The recommendations take into account every element of the process – presentations, publications, survey results, and focus group discussions. Team members worked diligently to integrate all this information into the design of their final strategy recommendations and the order in which they should be prioritized. These recommendations call on all Maine people to work together and address the common barriers to good health. In these recommendations there is something that each

and every person and organization who works to improve the health and well being of Maine people can do. By working together, the results could be exceptional.

* Due to limited time and IRB restrictions, youth were not surveyed or included in focus groups. The planning team recognizes that there would be great value in undertaking a similar process that include many populations whose voices were not specifically captured through this process, including youth, seniors, people with disabilities, and other populations with health disparities and/or different experiences with health and social service systems.



Recommendations

The following recommendations were developed after nine months of research, population surveys, focus groups, analysis and discussion. Team members have designed these recommendations to address the four basic challenges that emerged as most likely to stand in the way of better health.

THE CHALLENGES

There are four basic challenges to improving the health of Maine people:

1. The ability to see health care providers for treatment services at convenient times and locations
2. Access to preventive care and prevention and wellness opportunities
3. Getting simple tools and supports that address the front-line barriers to better health
4. Finding health information that is accurate and easy to understand

The recommendations to address these four challenges are designed to have an immediate impact within existing structures and systems and are the most important interventions to

pursue right away, even if some must be pursued incrementally because of cost limitations.

Additional recommendations have also been made that address elements essential to the long-term systemic changes needed to improve health and lower health costs. Though they may be inherently more difficult to achieve, these changes will have a very high impact. These recommendations include additional analyses and system improvement opportunities, as well as policy changes that will help make the system work better for the people of Maine.

SURVEY AND FOCUS GROUP THEMES

In crafting their recommendations, team members found survey and focus group results to be extremely informative. In some cases they offered solid support for early hypotheses, and in other cases they took a path that partners found surprising. Overall, many clear-cut themes emerged.

1. **Keep it simple.** People need help with the basics more than anything else.
2. **Expand options to see one's own provider in their office.** The great majority of respondents want increased access to their regular health care provider in the provider's office. Fewer are interested in seeing health care

providers in other locations, like retail stores or in mobile health vans.

3. **Expand dental care.** Though not initially part of the research, access to dental care rose to the top in response to the open-ended question, "what else would help." Survey and focus group participants identified dental care as one of their top needs and concerns.
4. **Make it easier to access prevention programs.** Respondents expressed strong interest in low- or no-cost prevention programs, particularly for improving nutrition and physical activity.
5. **Provide face-to-face support.** Respondents expressed strong desire for one-on-one assistance in understanding medical information, ways to improve their health and the health of their children, navigating the system, and finding other supports to help them stay healthy.
6. **Improve information sharing, including options for electronic communications systems.** Focus group and survey respondents expressed strong support for improved health care communications. This included simplifying and streamlining information content and systems. It also included strong support for electronic communications among younger and more urban populations. Respondents clearly want to use electronic means to seek out information. Many also want to get information from providers electronically. There was also strong

interest in being able to electronically apply for or renew MaineCare membership. But it was also clear that, at this point, all electronic communications systems need to be optional, as relatively large segments of the population are simply not ready for, or comfortable with this form of information sharing.

7. **Get health information from trusted sources in private ways.** There was strong interest from respondents in learning about health and wellness, including the activities that will have the biggest impact for them. When asked about a variety of ways in which they could access health information, respondents tended to reject group meetings or speaking to health educators in public settings. They are interested in one-on-one discussions, phone conversations, electronic communications, or picking up information themselves.
8. **Use incentives.** Respondents overwhelmingly support incentives (small gift cards for useful things) for getting screenings or taking other steps to prevent illness and stay healthy.
9. **Help manage stress.** Stress was commonly understood as an important factor in illness and disease. Support for skills training that can help people better manage stress was very high.
10. **Provide relief from abrupt loss of MaineCare coverage.** Focus group participants commonly expressed frustration that the structure of

MaineCare benefits leaves them ineligible for the program when their incomes increase just one dollar over the limit. MaineCare members are looking for other ways to buy in or otherwise continue to participate in the program as their incomes begin to rise above the limits.

Integrating all elements of the planning process and responding to the trends that emerged in the survey and focus groups, the team offers the following recommendations to address the four challenges. The recommendations within each challenge area, and the challenges themselves, have been prioritized by the team in the order they believe will prove most effective in improving the health of Maine people.

A. RECOMMENDATIONS FOR SEEING HEALTH CARE PROVIDERS AT CONVENIENT TIMES AND LOCATIONS

#1: SAME DAY APPOINTMENTS

While scheduling appointments in advance is extremely helpful in planning work, transportation, and child care schedules, people also get sick unexpectedly. Many times unexpected illness is relatively simple

to treat, but without the ability to see a regular doctor, people are often left with no alternatives except to go to the emergency room. Analysis of the diagnoses most frequently seen in Maine emergency departments suggests that a substantial number of visits are made for conditions that could be appropriately treated in office or clinic settings.¹⁴ The team recommends that all primary care providers create same-day appointment availability. Allowing same-day appointments does not mean the system should only allow same-day scheduling. Same day as well as future scheduling must remain options for different patients in different circumstances. Among all possible strategies tested in the survey, same-day appointments garnered the highest percentage of support among respondents. A full 86% said same-day appointment options would help them most of the time or all of the time. Focus group respondents also noted that being shifted to same-day appointments as “punishment” for missing scheduled appointments only exacerbates the many logistical challenges that some patients face in seeing their health care provider. In order for this new system to be successful, other supports, like MaineCare’s transportation programs, will need to shift their policies and procedures accordingly.

#2: OFF-HOURS APPOINTMENTS

Maine uses more out-patient and emergency room services than most other New England

states.¹⁵ For many of the same reasons as same-day appointments, off-hours appointments (earlier and later than 9am to 5pm) are also recommended by the team as an important means for patients to see their regular doctor and avoid the emergency room. Survey respondents identified off-hours appointments as the second most popular strategy for helping them improve their health, with 75% saying off-hours appointments would help most of the time or all of the time.

#3: COORDINATED SCHEDULING

Because visiting a health care provider can create many other logistical difficulties, like time off from work, transportation, and child care challenges, it is important to create every opportunity for patients to efficiently use their time and supporting resources. For that reason, the team recommends encouraging advance scheduling on consistent days and times for patients who have weekly or monthly appointments. This no-cost, simple practice would allow for long-range planning of transportation, child care, and work schedules, as well as synchronization with other appointments that have the same logistical needs.

B. RECOMMENDATIONS FOR EXPANDING ACCESS TO PREVENTIVE CARE AND PREVENTION AND WELLNESS OPPORTUNITIES

#1: DENTAL COVERAGE

Poor oral health has many significant social and economic consequences as well as an adverse impact on overall health. Poor oral health in children and young people, as well as in adults, may result not only in dental decay, eventual tooth loss, and impaired general health, but also in compromised nutrition, in days lost from school and work, and a compromised ability to obtain or advance in education and employment.¹⁶ The burden of oral diseases and conditions is disproportionately borne by individuals with low socioeconomic status at each life stage and by those who are vulnerable because of poor general health.¹⁷

Survey and focus group participants identified dental care as one of the most important, far-reaching actions that could be taken to improve their health. Research shows that preventive oral health care is inexpensive compared to the treatment costs associated with oral and dental diseases. For every dollar spent on preventive oral care, \$8 to \$50 is saved in restorative and emergency care.¹⁸

PARTICIPANTS TALK...

About off-hours appointments:

“[It would be easier for me to get and stay healthy if I had] more access to health care during evenings, weekends, and after work and school times.”

About dental coverage:

“[It would be easier for me to stay healthy if I had] access to better, low cost, preventive dental health, such as a professional dental tooth cleaning, dental x-rays, and cost-controlled fillings.”

“It would be good to have other dental benefits besides having tooth extractions.”

For these health improvement and cost-savings reasons, the team recommends that MaineCare extend coverage for oral health

preventive and restorative services to all its adult members. The team recognizes that resource limitations may necessitate that this coverage be phased in, starting with the most at-risk populations. Finally, to ensure that this coverage can ultimately be used by the consumer, the team also supports all efforts to increase the number of oral health care providers in Maine who are willing and able to treat MaineCare members.

#2: ACCESS TO HEALTHY FOOD

As rates of overweight, obesity, and diet-related chronic diseases climb throughout the population, individuals are urged to eat plenty of fruits, vegetables, and whole grains every day. But not everyone has equal access to these recommended foods, making it difficult to maintain a healthy weight. Low-income people, minorities, and rural residents suffer the highest rates of preventable, diet-related diseases linked to insufficient consumption of healthy foods. This can be due to several factors, including transportation distances and options to get to grocery stores that carry healthy foods; lack of quality healthy foods at corner/variety stores; and generally higher prices for fresh fruits and vegetables.¹⁹ In addition, many behavioral health medicines can cause significant weight gain, leaving some patients struggling to balance physical health and mental health. Survey and focus group participants indicated strongly that access to affordable healthy foods is one of

their biggest concerns and desires as they work to get and stay healthy.

The team recommends programs and activities to increase access to healthy food across the state. Efforts could include linking food programs with farm shares, creating partnerships with grocery stores (including incentive programs), providing nutrition information, and distributing recipes that use low cost healthy foods. Maine's Healthy Maine Partnerships (HMPs) and other community-based organizations should be fully engaged in these efforts. The HMPs have partnered in some areas of the state to promote community gardens and school gardening projects. The Maine Nutrition Network and other community resources should be supported in their effort to provide local cooking classes and recipe clearinghouses, including recipes made with common food pantry items and WIC-approved foods. The promising new WIC program that expands purchasing power to more healthy food choices and locations should be assessed for effectiveness and possible expansion. In addition, the team recommends that Maine's Department of Health and Human Services apply for the new pilot project of the Supplemental Nutrition Assistance Program (formerly known as the Food Stamp Program) that will provide incentives for buying fresh fruit and vegetables. The US Department of Agriculture is expected to release their request for proposals in December 2009.

PARTICIPANTS TALK...

About access to healthy food:

"I would have a better diet if more affordable, healthy food were available at convenience stores and small markets in rural areas."

"I wish there were coupons to use at farmer's markets..."

#3: PHYSICAL ACTIVITY OPPORTUNITIES

When people exercise regularly, they are less likely to suffer from heart disease, hypertension, colon cancer, and diabetes. Regular physical activity also appears to reduce depression and anxiety, improve mood, and enhance the ability to perform daily tasks throughout the life span.²⁰

Survey and focus group participants understood the connection between physical activity, health, and stress, and they expressed a strong desire to make exercise a part of their

regular routine. The team recommends expanding low or no-cost evidence-based physical activity options, including classes, videos, walking groups, gym memberships, and the Healthy Maine Walks opportunities. Options should include safe ways for children to engage in their own activities as well as opportunities for families to exercise together. These activities should be community-based, integrated into the work of the Healthy Maine Partnerships and other local organizations, and part of the resource list offered by Health Educators. It should be noted that although survey and focus group data suggest that people won't join groups because their peers are there, peer support networks are effective once trust is built. Physical activity groups allow for the organic building of peer support networks that participants can use in an ongoing way to support them in getting and staying healthy.

#4: GIFT-CARD INCENTIVES

Research shows that incentives can be very popular, but they must be designed carefully in order to ensure effectiveness. Incentives should be given for participation in wellness visits and activities, and the benefit should directly address the most common barriers to good health, like transportation and the costs for physical activity opportunities.²¹ The idea of getting incentives for participating in health screenings and prevention programs was extremely popular among survey respondents and for these reasons it is

recommended by the team. Incentives should be in the form of gift cards for useful items and be awarded after successful participation in the activity. Sixty-nine percent of all survey respondents said that they would use incentives most of the time or all of the time for early screenings or other activities to stay healthy. It should be noted that focus groups seemed to indicate that women with children might be more likely to participate in incentivized prevention and screening activities. Focus group participants identified healthy food and exercise options, like gym memberships or athletic shoes, as items they would like to see used as incentives. Because some other states have had mixed results using incentives, the team recommends regular assessment of program effectiveness with follow-on design refinements as needed.

#5: SCHOOL-BASED HEALTH CARE OPTIONS

School-based health care provides primary care services where students spend much of their time - in schools. With the knowledge that children and adolescents are more successful when they are in school and learning, school-based health care is a model of care designed for students. National data indicates that 83% of parents support health care in school.²² Currently in Maine, there are 27 school-based health centers from Calais to North Berwick. An as yet unpublished study suggests high levels of student satisfaction with the services they

PARTICIPANTS TALK...

About physical activity opportunities:

“I laugh when I hear people talk about joining gyms. It costs too much money!”

“You know they have food stamps. What about exercise stamps?”

receive at school-based health centers. Exactly half of survey respondents who are also parents indicate that if their children could get health care at school, they would use this option most of the time or all of the time. Focus group results indicated that the concept of school-based health care may not be intuitive to parents, but based on the data collected from existing programs, support increases as parents become educated and engaged. The team recommends that the number of school-based health centers be expanded where there is need, where resources allow, and where there is support in the community.

C. RECOMMENDATIONS FOR PROVIDING SIMPLE SUPPORTS AND TOOLS TO HELP PEOPLE GET AND STAY HEALTHY

#1: STRESS MANAGEMENT

Stress is a part of everyone's lives, but it can be particularly acute for individuals and families with low incomes. The stress of paying for food, housing or keeping the car running to get to work can make staying healthy seem low on the priority list. Studies indicate that people with lower incomes tend to have higher stress levels.²³ For children and adults alike, intensive and prolonged stress can lead to a variety of short- and long-term negative health effects. In addition, childhood stress can lead to health problems later in life including alcoholism, depression, eating disorders, heart disease, cancer, and other chronic diseases.²⁴ It is estimated that 75% - 90% of all physician office visits are for stress-related ailments and complaints. People with stress have 46% higher medical costs, and people with depression have 70% higher medical costs.

Research shows that simple stress reduction techniques can have a dramatic impact on health. Employees who participate in stress management programs visit doctors 34% less often. For Blue Cross Blue Shield Tennessee, a stress management program led to a 56%

reduction in factors related to depression, anxiety, and mental disorders, saving over \$900 per employee per year.²⁵ Survey and focus group respondents identified stress management as one of the most important basic tools they could have for getting and staying healthy. In fact, 66% of survey respondents said that stress management tools would help them most of the time or all of the time. Support was even higher (72%) among those who identified themselves as current MaineCare members. The team recommends that stress management programs be developed to reach more people in more communities around the state. Recognizing the resistance some individuals will have to joining groups, as well as the natural barriers they face through geography, limited time, transportation, and family responsibilities, it will be important that groups are convened using creative (and even humorous) themes. Healthy Maine Partnerships and other community organizations should be supported in their efforts to convene stress management groups and to work in school districts exploring ways to teach children stress management techniques at a young age. Health Educators/Coaches should make sure stress management is always part of the supports they offer, and all providers should ask about stress and make referrals to other resources as needed. Access to physical activity programs are also an important tool in reducing stress and should be supported whenever possible.

PARTICIPANTS TALK...

About stress management:

“Stress has a lot of wear and tear on your body. You're taking care of your husband, your kids, and everything else.”

#2: APPLICATION AND EASY RENEWAL FOR MAINECARE

Sometimes a roadblock to good health can be as basic as paperwork. The current MaineCare enrollment form is short and comprehensive. Applications can be made in person, by phone interview, or by mail. A refinement to the MaineCare system would allow people to apply for and renew their membership in a variety of new ways, in addition to those currently available. The problem of churning (when MaineCare members fall off the program at the time of renewal only to be re-enrolled after a short

period of time) creates instability in coverage and unnecessary costs in the MaineCare program. People on MaineCare churn on and off the program at a fairly high rate. In an eight month period between August 2008 and March 2009, 18% of cases subject to renewal were closed, and of the closed cases, 43% were reopened within a short period of time.²⁶ This suggests that many of these families should never have fallen off to begin with. At the end of September, 2009, the Center for Medicare and Medicaid Services awarded Maine's Department of Health and Human Services a grant that will provide the necessary funding for DHHS to evaluate and create options for renewal, such as an electronic (on-line) portal. The team supports the implementation of electronic renewal capability and recommends that MaineCare expand options to allow applicants to apply on-line and to allow members to renew with the program over the phone. Survey respondents expressed strong support for these options, with phone renewal garnering the highest support at 71%.

#3: SYSTEM NAVIGATION SPECIALISTS

The complexity of the health care system is a tremendous barrier for improving health. Survey and focus group respondents expressed a high degree of frustration with what they experience as a complicated and confusing structure and process. For that reason, there was very strong support for System Navigation Specialists – individuals who help with paperwork, prescriptions, and

other community supports that help meet basic needs and reduce stress. Sixty-six percent of MaineCare members surveyed said this support would help most or all of the time. Research supports this approach as an effective means to improve health and reduce health costs. For example, the MaineHealth “CarePartners” program, which included a strong care management component, led to a reduction in emergency room visits, hospital stays, and overall health costs for participants.²⁷ Based on research and the survey trends, the team recommends that a network of System Navigation Specialists be integrated into the overall health care system, both for MaineCare and the full population. The model should build upon what's already being done and proven effective by Care Partners, Federally Qualified Health Centers (FQHCs), patient-centered medical homes, and others. Their efforts have proven effective at connecting people with the basics, like food, housing, heat, and transportation, which are essential to good health. The model should avoid duplication of case managers (recommendation E.2 suggests a statewide inventory of current capacity) and should center on building strong personal relationships, the importance of which was highlighted frequently in the focus groups discussions. As the system is developed, it should be integrated into any “Health Coverage Exchange” that is part of national health care reform efforts, as well as into “Accountable Care Organizations” that develop in Maine.

PARTICIPANTS TALK...

About system navigation:

“I am still hearing about the resources that are and have been available to me. I just wish I could have known about them sooner...”

#4 EXPAND TRANSPORTATION OPTIONS

Transportation to and from visits to a health care provider can be challenging for those without reliable vehicles or living in an area without public transportation. And when appointments must be made during off-hours, it is even harder. But this remains a limited view of the impact of transportation challenges, because staying healthy involves more than just going to the doctor regularly. It involves getting exercise and eating right and being able to attend groups and classes that support health and wellness. It also means being able to keep a steady job.

All of these are at risk without reliable transportation. When survey and focus group respondents were asked in an open-ended question what other supports would be most helpful, many identified expanded transportation options, including to a grocery store where they can purchase fresh fruits and vegetables, and to locations with safe walking routes. The team recommends that Maine communities enhance their transportation options by

- a. Improving existing public transportation routes to include grocery stores, health provider offices, and hospitals
- b. Improving their networks of volunteer drivers
- c. Expanding financial assistance programs that help pay for needed car repairs

#5: ELIMINATE ABRUPT LOSS OF MAINECARE HEALTH COVERAGE

Some call it the “cliff effect,” and it can be devastating to families. A benefit cliff occurs when just a small increase in income leads to the complete termination of a benefit. The result is that parents can work and earn more while their families end up worse off than they were before.²⁸ For individuals who have been unable to work due to a disability, but are starting to get better, this cliff is where things can fall apart very quickly, creating a huge shift in resources to health care from other basics, like food, housing, and transportation.

As a result of the “cliff effect,” people are left without access to critical health coverage when increases in earnings put them just above eligibility levels. Many focus group participants talked about the frustration of facing the cliff, and would prefer the option to buy in to MaineCare gradually as income levels rise. The current health care reform effort in Washington DC may solve a great deal of this problem, but the team recommends that these endeavors be watched closely. If national changes are insufficient and do not respond to the needs of people with low to moderate incomes and those with mental health needs, Maine should continue to explore and act on ways to address the “cliff effect.”

D. RECOMMENDATIONS FOR IMPROVING ACCESS TO GOOD HEALTH INFORMATION

#1: HEALTH EDUCATORS/COACHES

For many, health information can be complicated and confusing. This holds true for both general health information, like understanding the food pyramid, to specific health information, like understanding information from a doctor’s visit, a newly diagnosed health condition, or what prescriptions to be taking and when. In each

PARTICIPANTS TALK...

About transportation:

“Transportation to and from shopping centers is hard...so sometimes it limits options for where we can shop and what is available to buy that is healthy.”

case, having access to, and a relationship with, someone who can provide support and also help translate both general and specific health information into plain language can lead to tremendous health improvements.²⁹ Survey and focus group respondents expressed a very strong desire for Health Educators/Coaches who could support them and their families. Sixty-three percent of survey respondents said being able to work with a Health Educator/Coach would help most or all of the time. The team recommends that a network of Health Educators/Coaches be coordinated across the state (recommendation E.2 identifies the need for a statewide inventory of current resources). The network should be built on existing programs, including home visiting, Head Start, FQHCs, HMPs,

Accountable Care Organizations, and peer and family support programs. It should be synchronized with the System Navigation Specialist network (recommendation C.3) in order to maximize efficiency and coordination. The Health Educator/Coach network should be part of the patient-centered medical home system and linked to every provider as “translators” of important health information. The Health Educator/Coach should be a nurse, bachelors-trained health educator, or someone who has received formalized training in the field of health care related to supporting people with specific health conditions like diabetes, asthma or heart disease. Health Educators/Coaches will also be able to provide important information on local resources that could help with other supports, like system navigation, child care, and transportation needs. Research indicates that face-to-face relationship building is essential to start, but that the communication could evolve into phone and electronic means to help ease transportation and child care challenges.

*#2: MAINECARE SCHEDULING
REMINDERS FOR ALL AGES USING
MULTIPLE DELIVERY SYSTEMS*

It’s easy to forget when it’s time to schedule your annual doctor’s visits, which is why reminders are so helpful. Currently only children’s visits (up to age 20) get reminders from MaineCare. These arrive by mail and include a list of important topics to address

with the doctor at each visit. Research indicates that adults would also benefit from these scheduling reminders and support tools, which would help ensure that screenings and early detection visits happen when they should. Because so many individuals are using electronic communication systems, and because cell phones have replaced wired home phones in many cases, it’s also important that MaineCare expand its reminder methods. The team recommends that MaineCare expand its scheduling reminders for all ages – children and adults – and that it create options for electronic reminder systems, including email, text, and cell phone. Survey and focus groups results showed this to be popular with 53% of MaineCare members, but that more traditional forms of reminders must also stay in place for the foreseeable future. The team also urges all providers to engage in this scheduling practice, regardless of a patient’s insurance coverage.

*#3: EXPAND THE TYPES OF
INFORMATION PROVIDED BY
MAINECARE TO ITS MEMBERS*

MaineCare has a tremendous opportunity to provide simple health information to over 250,000 Maine people on a regular basis. The information could include information on nutrition (e.g. recipes with low-cost food), common questions to ask your doctor (e.g. provided on a laminated wallet-sized card), or reminders of the rules and laws that protect and support members (e.g. it’s alright to call

PARTICIPANTS TALK...

About health information:

“The health educator could tell people about how to use medicines and what they are used for. Giving people something that is written down is important too since they can read it when they get home and read it more than once.”

“There are many questions you leave with after visits to your doctor and they don’t get answered, so they [health educators] could help answer them.”

“[I would like] information about when to see a doctor and what to ask your doctor when you are there.”

“Food is a big thing for me. That is the kind of information I need to stay healthy. Like what is good and healthy to eat for certain conditions. I would rather work with eating the right things than taking a pill.”

your provider, even when their office is closed). The team recommends that MaineCare expand the information it provides to its members to include easy-to-understand tips on how to improve health, find supports, understand medications, and navigate the health care system. MaineCare should also seek out community partners to assist in the production and distribution of information, particularly those organizations that are seen as trusted sources of health information.

#4: ENHANCE MAINECARE'S USE OF ELECTRONIC INFORMATION SHARING

MaineCare has a diverse membership that spans all ages and regions of the state. As a result, many members are interested in expanding their use of electronic communications systems to both send and receive health information. This includes email, web-based, and texting options. While survey and focus group results make it clear that the use of these tools will vary widely among members, these electronic systems are an important new tool in getting and receiving information from members. The same holds true for all Maine insurers. Expansion of electronic communications options may also relieve some of the longer wait times that are sometimes experienced with the MaineCare 800 phone number. The team recommends that MaineCare:

- a. Expand its electronic means of providing information, including email, texting, on-line video, and common social networking tools;
- b. Create a web-based tool for members to keep their phone number and email address updated;
- c. Build a MaineCare patient portal using a password-protected secure site so patients can access their personal information, ask private questions, and review their coverage;
- d. Create links on its website to web-pages of the Maine CDC and other trusted sources in order to provide basic health and wellness information (e.g. tobacco use, reducing stress, and "How to Talk to Your Doctor");
- e. Engage the electronic capacity of community partners to assist in information sharing.

#5: NOTEBOOKS FOR HEALTH INFORMATION

Taking charge of one's own health and health care is an essential part of staying healthy or managing chronic disease. Self-management of health includes understanding health conditions, having confidence to manage health problems, and having the skills to assess progress and solve problems as they arise. Research shows that patients with chronic disease who are given the skills and tools for self-management see improvements in health outcomes as well as reductions in

utilization and costs.³⁰ One simple, low-cost way to help individuals be in charge of their health is to provide them with notebooks that contain health records and provider contact information. Patients can bring them to provider appointments and the pharmacy, when picking up prescriptions. Several small rural hospitals in Maine have started "Notebook Projects" and these have been met with strong support from patients. Sixty-three percent of survey respondents said using a health notebook would be helpful most or all of the time. The team recommends that more communities implement Notebook Projects to assist all patients in self-management of their health.

#6: HEALTH INFORMATION IN COMMUNITY LOCATIONS

As noted in the survey and focus group themes, it is important that health information be provided from trusted sources in ways that feel private to the information consumer. Individuals who are not getting information electronically are more likely to pick up health information in places they already are going, rather than making special trips to other locations. These locations should be perceived to be neutral, having no stigma attached to them. Survey respondents were particularly interested in having information available in grocery stores (56%), Wal-Mart, and other retail locations (49%), and public libraries (45%). Team members recommend the development of state and community

partnerships with these businesses and organizations to assist in the distribution of Maine CDC and other health partner information (for example, Hannaford's may be willing to share their model of health and wellness skill-building publications). Public library opportunities should also be pursued, including using their space to host regional trainings. The team also recommends more health information be available at providers' offices and be sent home with school-aged children.

#7: ELECTRONIC HEALTH RISK ASSESSMENT AND FOLLOW-ON LINKS TO RESOURCES

As the use of the Internet continues to grow, more and more individuals are using the web to find information about their own health and the health of their families. Survey and focus group respondents expressed support for taking an on-line health assessment that was provided by a neutral source (not their insurance companies for fear of losing coverage) that would help them learn about their own health and link them to follow-on resources. Forty-nine percent of survey respondents said such an assessment would help them most or all of the time. The team recommends that the Maine CDC continue to build and refine its on-line health assessment tool (www.keepmewell.org) that includes tailored post-assessment links to additional web-based and community-based resources. Resources should include information (from

the Maine CDC or other trusted sources), connections to providers and the Health Educator/Coach network, as well as suggested questions and discussion points for these professionals. It is essential that the assessment include substance abuse and mental health questions and information, and that it be promoted to all Maine people to help them learn about their own health risks.

#8: COMMUNITY-BASED MEDIA EFFORTS

Helping people get good information means putting good information where people are already looking. For many, this means mainstream media outlets, like television, radio, and newspapers. In each case, it's possible to share easy-to-understand health and wellness information without having to pay for advertising space. These media efforts can include public service announcements, letters to the editor, and staging local wellness events that media outlets would be interested to cover in a news story. Focus group participants indicated that television is a particularly effective means to deliver health and wellness information. The team recommends that the Healthy Maine Partnerships and other community-based organizations be supported in their outreach, partner collaboration, and communications efforts, particularly for the creative engagement of local media outlets (e.g. weekly newspapers, cable stations, local network television, and local radio stations) to put out

simple, understandable information from trusted sources, like the Maine CDC and the University of Maine Cooperative Extension Service.

E. RECOMMENDATIONS FOR ANALYSIS AND QUALITY IMPROVEMENT OPPORTUNITIES

#1: COST/BENEFIT ANALYSIS OF DENTAL COVERAGE

The need for expanded dental care and coverage for MaineCare adults is outlined in a earlier recommendation (B.1). It is important to fully and accurately study the costs resulting from the current lack of coverage, including emergency room and in-patient admission costs. The team recommends that an actuarial analysis be conducted as soon as possible to assess the full scope of these costs and any return on investment that expanded coverage would provide.

#2 INVENTORY HEALTH EDUCATOR AND SYSTEMS NAVIGATOR CAPACITY AND COVERAGE

As outlined in earlier recommendations (C.3 and D.1), Maine needs a network of Health Educators and System Navigation Specialists who can offer the needed one-on-one support

that can help individuals understand their health, navigate the system, and find supports for the basics that will help them get and stay healthy. The team recommends that an inventory be conducted of all health educator, systems navigator, care manager, and home visiting capacities and resources that currently exist across the state. Using the data collected, a network of coverage should be created to ensure current resources are used efficiently and that new resources are identified to fill any gaps in statewide coverage.

#3: MAINECARE SYSTEM ENHANCEMENTS

MaineCare plays an essential role in helping over 250,000 Maine people live healthier lives. For this reason, it is imperative that MaineCare have the systems and resources to serve this important function in the most efficient and effective way possible. Despite budget cuts and growing case loads, MaineCare has implemented many systems improvements in recent years, but focus group participants indicated that at times the MaineCare system can still be confusing, particularly the information received by mail, phone and web-based systems, as well as variations in case worker expertise. In order to improve MaineCare systems and maximize efficiency and effectiveness, the team recommends that MaineCare

- a. Streamline and coordinate its customer service and

communications infrastructure, including the phone, mail, and information systems, so members are receiving easy-to-understand, consistent information from a single source;

- b. Cross-train staff in basic patient navigation skills;
- c. Explore options for giving members more consistency with their case workers if they are happy with the ones they have;
- d. Analyze the impact of budget cuts and growing caseloads;
- e. Analyze how additional technology enhancements can create more efficiencies in the system and directly enhance customer satisfaction.

#4: ANALYSIS OF MAINECARE BEST PRACTICES

MaineCare strives to cover health care services based on nationally recognized standards of care and best practice. Unfortunately, they are not always able to do so for a variety of reasons, including limited resources for covering prevention and wellness services. Yet research shows that these prevention programs lead to solid returns on investment. A recent study by The Trust for America's Health concluded that if Maine invested \$10 per person per year in proven community-based programs to reduce disease, including efforts to increase physical activity, improve nutrition, and prevent

tobacco use, significant health improvements would be seen almost immediately. In fact, after only five years of such an investment, \$98 million in health costs would be saved every year - a return of \$7.50 for every \$1.00 invested.³¹ As the team examined MaineCare coverage versus what its members are looking for, it became clear that some best practice opportunities are being missed. As a result, the team recommends that an analysis be conducted to document what the current MaineCare system pays for compared to what people say they need to improve their health and what will reduce costs over time. This should include best practice prevention, early intervention, and treatment services (as well as alternative treatment options where possible).

#5: INVENTORY DATA SHARING SYSTEMS AND CAPACITIES

When individuals change coverage status, information can be lost and needed health interventions can be missed. This can quickly impact overall health, especially in cases where there are mental health concerns or recent health crises. The team recommends that an inventory be conducted of all data sharing systems and capacities in Maine. The report should include recommendations for how health data on all adults could be synchronized and transferrable, no matter how health care services are paid for (e.g. MaineCare, private insurance, Department of Corrections, etc.). The report should also

include recommendations for how Maine’s HealthInfoNet could be used as the platform for the compilation and synchronization of this information.

F. RECOMMENDATIONS FOR POLICY CHANGE

#1: ALLOCATE RESOURCES TO ENSURE BEST PRACTICE MAINECARE PROGRAM DESIGN

Best practice guidelines are designed to maximize health outcomes using the most efficient means possible. Best practices create a clear-cut roadmap for program design, yet there is often a time lag between recognition and implementation of best practices. Building on recommendation E.4, the team recommends that Maine lawmakers allocate resources to fill the gaps in MaineCare best practice coverage, phasing in programs as necessary to avoid further delay.

#2: SET ASIDE RESOURCES TO RESPOND TO EMERGING HEALTH TRENDS

Individuals get support for improving their health from a variety of sources – their families, their communities, and from state and federal efforts. Resources to fund Maine’s efforts are often limited, making it difficult to

go beyond the basics and especially challenging to swiftly respond to changing circumstances. The team recommends that a portion of state revenue be set aside every biennium in order to provide timely and adequate resources as new interventions are needed to address emerging health trends. Sustainable revenue sources must be identified and could include health-related sources, such as surcharges on tobacco, alcohol, or soda.

#3: AMEND FISCAL NOTE FORMAT

Investing in prevention and wellness programs is proven to result in a positive return on investment in just a few years.³² But because Maine’s budget cycle is shorter than it takes for a significant portion of the return on the investment to be realized, policymakers are left to build a budget without consideration for investment opportunities that could improve health and therefore reduce health costs. The team recommends that all health-related fiscal notes prepared by the Office of Fiscal and Program Review include a separate component that looks outside the biennium and captures longer-term costs and savings across systems. This component must include any savings from prevention efforts and costs from cost-shifting. This change will allow lawmakers to consider a more complete financial picture before making their budget decisions. An expanded time frame for consideration of fiscal impact is consistent with the federal

budgeting process, which includes a 10-year budget analysis developed by the Congressional Budget Office.

CONCLUSION

These recommendations are a call to action for all Maine people. They are about getting down to the basics and addressing the root issues behind some of the challenges Maine people face in getting and staying healthy. Without addressing the basics, all other efforts to improve health will fall short of their potential. Working together as a state to follow the recommendations will result in better health - generally at a very low cost. Taken together, they form a roadmap for health improvement, cost reduction, and shared prosperity for all Maine people.

Recommendations Summary

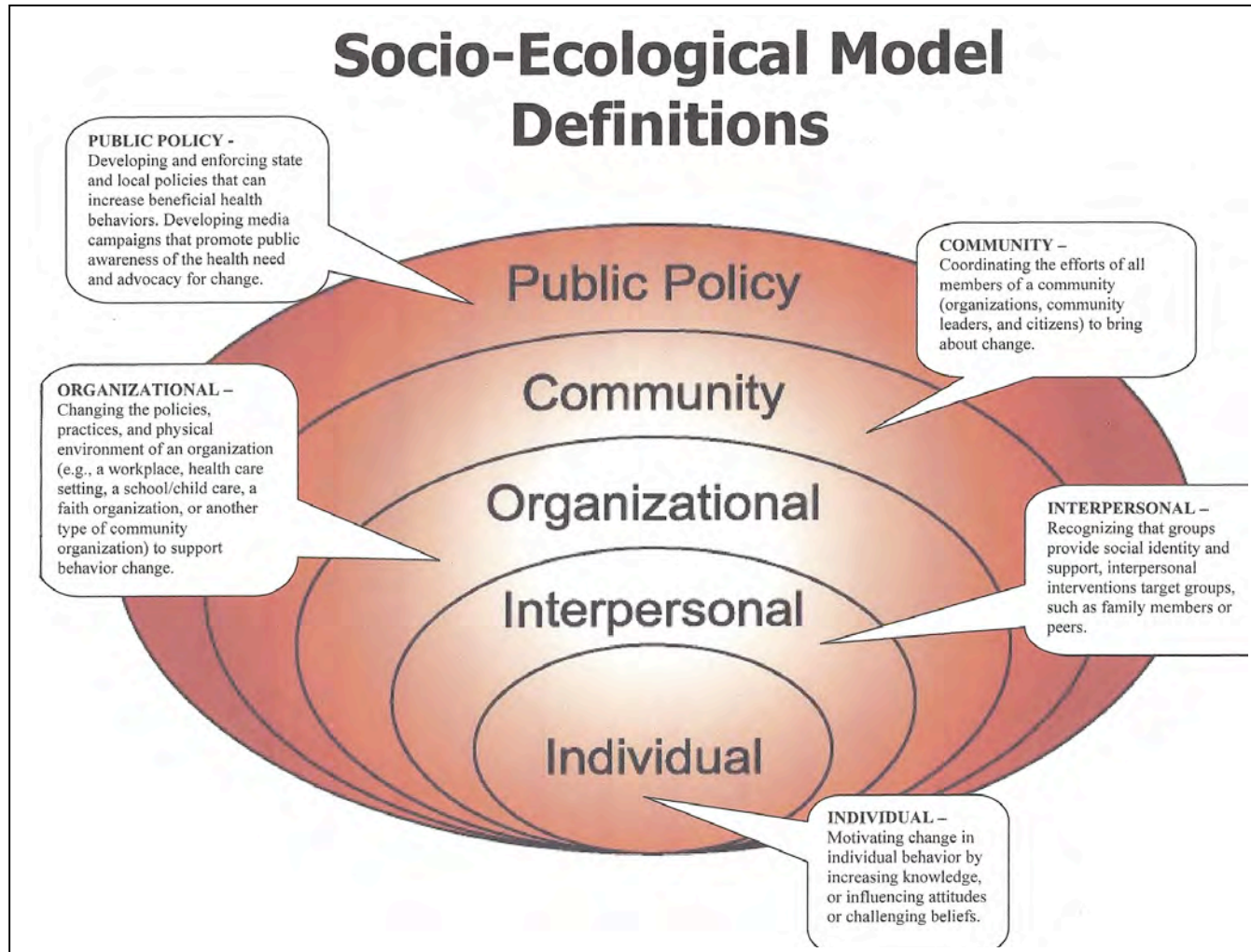
The following summary is not intended to replace the full recommendations or adequately represent the important nuances that the full recommendations provide.

Recommendation Category	Recommendations
A. Seeing Health Care Providers at Convenient Times and Locations	<ol style="list-style-type: none"> 1. Same-day appointments 2. Off-hours appointments 3. Coordinated scheduling
B. Expanding Access to Preventive Care and Prevention and Wellness Opportunities	<ol style="list-style-type: none"> 1. Dental coverage 2. Access to healthy food 3. Physical activity opportunities 4. Gift-card incentives 5. School-based health care options
C. Providing Simple Supports and Tools to Help People Get and Stay Healthy	<ol style="list-style-type: none"> 1. Stress management 2. Application and easy renewal for MaineCare 3. System Navigation Specialists 4. Expand transportation options 5. Eliminate abrupt loss of MaineCare health coverage

Recommendation Category	Recommendations
D. Improving Access to Good Health Information	<ol style="list-style-type: none"> 1. Health Educators/Coaches 2. MaineCare scheduling reminders for all ages using multiple delivery systems 3. Expand the types of information provided by MaineCare to its members 4. Enhance MaineCare’s use of electronic information sharing 5. Notebooks for health information 6. Health information in community locations 7. Electronic health risk assessment and follow-on links to resources 8. Community-based media efforts
E. Analyses and Quality Improvement Opportunities	<ol style="list-style-type: none"> 1. Cost/benefit analysis of dental coverage 2. Inventory Health Educator and System Navigator capacity and coverage 3. MaineCare system enhancements 4. Analysis of MaineCare best practices 5. Inventory data sharing systems and capacities
F. Policy Change	<ol style="list-style-type: none"> 1. Allocate resources to ensure best practice MaineCare program design 2. Set aside resources to respond to emerging health trends 3. Amend fiscal note format

Appendices

APPENDIX A: SOCIO-ECOLOGICAL MODEL



Source: Denver Public Health 2007

APPENDIX B: RESEARCH PUBLICATIONS

1. American Academy of Family Physicians (2007), “Joint Principles of the Patient-Centered Medical Home,” http://www.aafp.org/online/etc/medialib/aafp_org/documents/policy/fed/jointprinciplespcmh0207.Par.0001.File.tmp/022107medicalhome.pdf.
2. Backer A (2007), “The Medical Home, An Idea Whose Time Has Come...Again,” American Academy of Family Physicians, <http://www.aafp.org/fpm/20070900/38them.html>.
3. Bella M, Cobb E, Rothstein J (2005), “Environmental Scan: Health Supports for Consumers with Chronic Conditions,” Center for Health Care Strategies, http://www.chcs.org/usr_doc/ESMVPFINAL.pdf.
4. Braveman P, Egerter S (2008), “Overcoming Obstacles to Health,” Robert Wood Johnson Foundation, <http://www.commissiononhealth.org/PDF/ObstaclesToHealth-Highlights.pdf>.
5. Crescendo Consulting (2007), “Patient-Centered Medical Home Discussion Groups,” Executive Summary, Quality Counts, http://pcpcc.net/files/PCMH_Consumer%20Focus%20Grp%20Report_Final_02-09_1.pdf.
6. Esposito D (2007), “Evaluation of the Medicaid Value Program: Health Supports for Consumers with Chronic Conditions,” Center for Health Care Strategies, http://www.chcs.org/usr_doc/Exec_Summary.pdf.
7. Felitti V (2002), “Relationship of Adverse Childhood Experiences to Adult Health,” Kaiser Permanente, http://www.acestudy.org/files/Gold_into_Lead_Germany1-02_c_Graphs.pdf.
8. Center for Children and Families (2008), “Maintaining Coverage for Children: Retention Strategies,” Georgetown University Health Policy Institute, <http://ccf.georgetown.edu/index/cms-filesystem-action?file=strategy%20center/rententionccf%20final.pdf>.
9. Feltner F, (2004), “SKYCAP Final Evaluation,” University of Kentucky Center for Excellence in Rural Health.
10. Feltner F, (2009), “Kentucky Homeplace Quarterly Report October 1, 2008 – December 31, 2008,” University of Kentucky Center for Excellence in Rural Health, http://www.mc.uky.edu/ruralhealth/pdf/HPQuarter_2008_4.pdf.
11. Gelber S, Dougherty R (2004), “Disease Management for Chronic Behavioral Health and Substance Use Disorders,” Center for Health Care Strategies, http://www.chcs.org/usr_doc/bh_dm.pdf.
12. Goetzel R (2009), “Maximizing ROI: What Does the Latest Research Tell Us?,” Emory University and Thomson Reuters Healthcare.

13. Greene J (2007), "Medicaid Efforts to Incentivize Healthy Behaviors," Center for Health Care Strategies, http://www.chcs.org/usr_doc/Medicaid_Efforts_to_Incentivize_Healthy_Behaviors.pdf.
14. Greene S (2008), "Demonstrating the Business Case for Quality in Medicaid: Challenges and Opportunities," Center for Health Care Strategies, http://www.chcs.org/usr_doc/BCQ_HCMR_summary.pdf.
15. Kilbreth B, Finison K (2009), "Analysis of 2006 Maine Emergency Department Use," Maine Advisory Council on Health System Development, <http://muskie.usm.maine.edu/Publications/HealthPolicy/ED-Use-FinalReport-2009.pdf>.
16. Lehr D (2008), "Dialing for Development," Leland Stanford Jr. University, <http://www.socialedge.org/admin/Attachments/responsibility/SSIR.Dialing%20for%20Development.David%20Lehr.pdf>.
17. Lipsenthal L & Gilley S (2009), "Managing Stress to Facilitate Performance and Decrease Health Care Costs," Institute for Health and Productivity Management.
18. Lorig K (2008), "Chronic Disease Self-Management Program," Stanford Patient Education Center.
19. Maine Primary Care Association (2009), "Maine Health Center Facts."
20. Mensah G (2008), "Patient Self-Management and the Prevention and Control of Chronic Diseases," National Center for Chronic Disease Prevention and Health Promotion, http://www.mainenetwork.org/upload_files/Patient%20Self%20Management%20and%20the%20Prevention%20and%20Control%20of%20Chronic%20Diseases.pdf.
21. Miall J (2004), "The Asheville Program," PowerPoint Presentation.
22. National Association of Community Health Centers (2009), "Primary Care Access: An Essential Building Block of Health Care Reform," <http://www.nachc.com/client/documents/pressreleases/PrimaryCareAccessRPT.pdf>.
23. Ormond C, Gerrish S (2006), "Opportunities and Challenges: Improving Access and Health Outcomes through the CarePartners Program," MaineHealth, <http://muskie.usm.maine.edu/Publications/ihp/CarePartners.pdf>.
24. Pohlmann L, Hastedt C (2007), "Building on MaineCare's Success," Maine Center for Economic Policy, http://www.mejp.org/PDF/mainecare_success.pdf.
25. Saucier P (2005), "MaineCare and Its Role in Maine's Healthcare System," Kaiser Commission, <http://ww.health08.org/medicaid/upload/MaineCare-and-Its-Role-in-Maine-s-Healthcare-System-Report.pdf>.

26. Silow-Carroll S, Alteras T, Stepnick L (2006), "Patient-Centered Care for Underserved Populations," Kellogg Foundation, http://www.esresearch.org/documents_06/Overview.pdf.
27. Summer L, Mann C (2006), "Instability of Public Health Insurance Coverage for Children and Their Families: Causes, Consequences, and Remedies," The Commonwealth Fund, <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2006/Jun/Instability-of-Public-Health-Insurance-Coverage-for-Children-and-Their-Families--Causes--Consequence.aspx>.
28. Welch K (2004), "Smoking Among Post-Partum Women and their Partners in Greater Franklin County," Healthy Community Coalition.

APPENDIX C: SURVEY INSTRUMENT

IMPROVING THE HEALTH OF MAINE PEOPLE

Survey: Summer 2009

We are a small group of organizations that care about health*. We are working on a report for how we can improve the health of Maine people and families. You are being asked to be in an anonymous survey because we want to know what you think about some of our ideas. We also want to hear any other ideas you have.

Please read this form and ask any questions you may have about this study. Your participation is voluntary and you can stop, or ask questions at any time. You must be 18 years or older to participate.

We won't ask you for your name or email address. However, we want to share your opinions with others looking to improve the health of Maine people and their families. We may use some of the answers we get as examples in a report and other written materials. For example, we might say an answer is from "a 35-44 year old woman" or "a MaineCare member with three children". We will not use names and will try not to include any stories/statements that could identify you. Identifying information will be kept confidential to the extent allowed by law, and records of this survey will be kept by the Maine Health Access Foundation.

The results of the survey will help us understand ways to improve the health of Maine children and adults. The write in questions in this survey allow you to tell us what you think. Please don't share too much personal information in these sections, so you cannot be identified.

If you have any questions about this survey, please contact:

Kim Crichton, Program Officer
Maine Health Access Foundation
(207) 620-8266 x103 or krichton@mehaf.org

If you have any questions about your rights as a participant, you may contact:

Director, Office of Research Compliance, USM
(207) 780-4268, usmirb@usm.maine.edu, or TTY (207) 780-5646

*Groups include: Maine Health Access Foundation, Maine Equal Justice Partners, Maine Chapter of the National Alliance on Mental Illness (NAMI), Sacopee Valley Health Center, Maine Primary Care Association, Co-Occurring Collaborative Serving Maine, Maine Assembly of School-Based Health Care, and Community Concepts Inc., and the Maine Department of Health and Human Services.

Please take this survey only once.

Please stop here if you have already taken this survey!

NOTE: You may also take this survey by going to: https://www.surveymonkey.com/s.aspx?sm=i9iL8yuKwlbez5MgeFxHA_3d_3d

Where Did You Get This Survey?

1. Please circle below the “CODE NUMBER” you were given by the person or organization who asked you to fill out this survey.

(Please circle just one)

- a. CODE #1
- b. CODE #2
- c. CODE #3
- d. CODE #4
- e. CODE #5
- f. CODE #6
- g. CODE #7
- h. CODE #8
- i. Don't know

Helping You Get Good Information To Be Healthy

Good information is one of the keys to staying healthy.

Please tell us if the following suggestions would help you get important information about your health.

(For each suggestion, please circle the answer that matches your opinion):

2. I could get reminders and updates from my doctor or insurance provider by email or text message.

Would never help	Would help once in a while	Would help most of the time	Would always help
------------------	----------------------------	-----------------------------	-------------------

3. I could join groups where people who have the same health issues that I do can talk about problems and challenges.

Would never help	Would help once in a while	Would help most of the time	Would always help	This doesn't apply to me
------------------	----------------------------	-----------------------------	-------------------	--------------------------

4. I could get coaching and support to understand my child’s illness, find a doctor or other health care provider for my child, and learn how to help my child stay healthy.

Would never help	Would help once in a while	Would help most of the time	Would always help	This doesn’t apply to me
------------------	----------------------------	-----------------------------	-------------------	--------------------------

5. I could take a health survey on the internet when I sign up for MaineCare or another health insurance plan. The survey would help me learn about my own health as well as the kinds of health care services I might need to get and stay healthy.

Would never help	Would help once in a while	Would help most of the time	Would always help
------------------	----------------------------	-----------------------------	-------------------

6. I could find general health information (for example, information on heart disease, child check-ups, or flu shots) in places I already need to be.
(Please circle the letter next to all that would be helpful)

- a. Grocery Store
- b. Laundromat
- c. Wal-Mart or other large retail store
- d. Public library
- e. My child’s day care provider
- f. Other *(write in)*:

7. I could talk to a health educator, like a nurse or someone who would support me in improving my health.

Would never help	Would help once in a while	Would help most of the time	Would always help
------------------	----------------------------	-----------------------------	-------------------

8. Where would you like to work with a health educator or someone who would support you in improving your health?

(Please circle the letter next to all that you would find helpful):

- a. I would like them to come to my home
- b. I would like them to call me on the phone every month or so
- c. I would like to be able to talk to them at the drug store, like Rite Aid or CVS
- d. I would like to be able to talk to them at other stores, like Wal-Mart or the grocery store
- e. I would like to be able to talk to them at my child’s day care provider
- f. I wouldn’t want to talk to anyone like that

Making It Easier To See Your Regular Doctor, Nurse, Or Other Health Care Provider

In order to stay healthy, it's important to have regular check-ups. And if you or a family member starts to get sick, going to your doctor or nurse right away can help you get better faster.

Please tell us if the following suggestions would help you see your regular doctor, nurse or other health care provider.

(For each suggestion, please **circle** the answer that matches your opinion):

9. I could get an appointment with my health care provider the same day I need one.

Would never help	Would help once in a while	Would help most of the time	Would always help
------------------	----------------------------	-----------------------------	-------------------

10. I could have appointments with my health care provider during evenings, nights, early morning hours, or on weekends.

Would never help	Would help once in a while	Would help most of the time	Would always help
------------------	----------------------------	-----------------------------	-------------------

11. I could see a health care provider at a retail location, such as Wal-Mart or a drug store, like Rite Aid or CVS.

Would never help	Would help once in a while	Would help most of the time	Would always help
------------------	----------------------------	-----------------------------	-------------------

Keeping You From Getting Sick

Many illnesses can be prevented if you can take steps to stay healthy. A healthy lifestyle is important. It's also important to get tested (early screenings) regularly for illnesses so they can be treated early.

Please tell us if you would use any of the following ways to get early screenings that would help you and your family avoid getting sick.

(For each suggestion, please **circle** the answer that matches your opinion):

12. I could stop by a mobile health van parked in my community.

Would never use	Would use once in a while	Would use most of the time	Would always use
-----------------	---------------------------	----------------------------	------------------

13. I could get health screenings and prevention information at work.

Would never use	Would use once in a while	Would use most of the time	Would always use	This doesn't apply to me
-----------------	---------------------------	----------------------------	------------------	--------------------------

14. My children could get health care at school.

Would never use	Would use once in a while	Would use most of the time	Would always use	This doesn't apply to me
-----------------	---------------------------	----------------------------	------------------	--------------------------

15. I could get a small gift card for groceries or gas, free books or other useful things if I got early screenings, or took other steps to stay healthy.

Would never use	Would use once in a while	Would use most of the time	Would always use
-----------------	---------------------------	----------------------------	------------------

Other Supports That Help You Get And Stay Healthy

Please tell us if the following suggestions would help you with health insurance coverage, and with some of the other supports you might need to get and stay healthy.

(For each suggestion, please *circle* the answer that matches your opinion):

16. There would be someone at my doctor’s office or another organization that I trust (like WIC, Head Start, or at the library) to help me with paperwork, prescriptions, and finding other supports (like Earned Income Tax Credit, transportation and food stamps).

Would never help	Would help once in a while	Would help most of the time	Would always help
------------------	----------------------------	-----------------------------	-------------------

17. I could get help learning how to manage stress in my life.

Would never help	Would help once in a while	Would help most of the time	Would always help
------------------	----------------------------	-----------------------------	-------------------

18. I would be given a hard-cover notebook to keep all my health records so I could bring them to my doctor’s visits and to the drug store.

Would never help	Would help once in a while	Would help most of the time	Would always help
------------------	----------------------------	-----------------------------	-------------------

19. I could apply for or renew with MaineCare in the following ways:

(Please *circle* the letter next to all that you would find helpful):

- a. Through the internet
- b. At a place in my community, like WIC, a Community Action Program, or at a food bank
- c. At my doctor’s office
- d. Over the phone
- e. This doesn’t apply to me

What Else?

20. Can you think of anything else that might make it easier for you to get and stay healthy?

(Please write your answers here):

Tell Us About You

(Please circle the letter next to the correct answer)

21. What health insurance coverage do you currently have?

(Please circle the letter next to all that apply)

- a. Private insurance (Anthem, Aetna, Harvard Pilgrim)
- b. Dirigo
- c. Medicare
- d. MaineCare (Medicaid)
- e. TriCare/Champus
- f. I don't have health insurance right now
- g. Don't know
- h. Other (*write in*):

22. What health insurance coverage do others in your household currently have?

(Please circle the letter next to all that apply)

- a. Private insurance (Anthem, Aetna, Harvard Pilgrim)
- b. Dirigo
- c. Medicare
- d. MaineCare (Medicaid)
- e. TriCare/Champus
- f. There are some members of my household that don't have health insurance right now
- g. No one in my household has health insurance right now
- h. There are no others in my household
- i. Don't know
- j. Other (*write in*):

23. Is anyone in your household (including you) a past member of MaineCare?

- a. Yes
- b. No
- c. Don't know

24. Do you have regular access to the Internet?

- a. Yes
- b. No

25. Do you use your cell phone to send or get text messages?

- a. Yes
- b. No
- c. I don't have a cell phone

26. Which of these programs do you or your family get or got in the past?

(Please circle the letter next to all that apply)

- a. Low income heating assistance program (LIHEAP)
- b. WIC
- c. Head Start
- d. Free or reduced school lunch program
- e. None of these

27. Are you:

- a. Female
- b. Male

28. How old are you?

- a. 18 to 24
- b. 25 to 34
- c. 35 to 44
- d. 45 to 54
- e. 55 to 64
- f. 65 to 74
- g. 75 and older

29. How many people (including yourself) live in your household?

- a. 1
- b. 2
- c. 3
- d. 4 or more

30. How many children under the age of 18 live in your household?

- a. 0 (zero)
- b. 1 or 2
- c. 3 or 4
- d. 5 or more

THANK YOU FOR TAKING THIS SURVEY!

APPENDIX D: FOCUS GROUP DISCUSSION GUIDE

Improving the Health of Maine People

Discussion Guide for Focus Group Leaders

DATE: August 12, 2009

Introduction

- **Purpose of the group:**
 - I'm working with a small group of organizations that care about health.
 - We've asked you to participate in this discussion because we want to hear your ideas for ways to improve the health of Maine people and families.

- **Confidentiality:**
 - Everything we talk about here today should not be shared outside this room. We're asking each of you to respect the privacy of the other participants.
 - That said, we cannot control what happens when you leave this room, so if you do not feel comfortable answering specific questions for any reason, you do not need to answer.
 - Also, if you begin sharing a lot of personal details, I may stop you in order to protect your privacy.
 - More information about confidentiality and who to call with questions can be found on a copy of the Consent Form you each signed earlier.
 - To protect confidentiality, feel free to use a fake name when you introduce yourself.

- **How it's going to work:**
 - After we introduce ourselves by our first names only, I will start by asking you some questions about health and ways we could all be healthier.
 - (John Doe) is here to take notes about what we talk about.
 - We'll discuss all your ideas and I'll ask more questions for about one and a half hours total.
 - Next we'll ask you to fill out a short form (using the same name you decide to use here) that asks you a few questions about yourself – how old you are, how many kids you have, etc.
 - Then we'll wrap up and get you on your way.

- **Ground Rules:**
 - Different opinions are welcome and respected.
 - We're not trying to come to any agreements or decisions.
 - Only one person speaks at a time.

- Please listen respectfully to other speakers. I will call on you when it's your turn to speak.
- **Introducing yourselves**
 - Please introduce yourselves using a first name (real or fake) only
 - Please don't offer any additional information about yourself

Questions

- What kinds of information would help you and your family feel healthier or be healthier? Where would you like to find that information?
- How do you think a health educator, someone who would support you in improving your health, could help you stay healthy? (Prompt: How would you imagine that working (e.g. phone/in person/frequency of contact)?)
- If you could take a web-based health survey that would teach you about your health and the health care services you might need to get and stay healthy, how would that be helpful to you?
- What would make it easier to see your doctor, nurse, or other health care provider? (Prompt: What is helpful about same-day, nights, or weekend appointments?)
- How would learning to better manage stress help you improve your health? How would you imagine that working (e.g. group class, online course, one-on-one interactions)?
- Exercise and eating well are two things everyone can do to stay healthy. How can we better support those activities?
- What else would make it easier for Maine people and families to get and stay healthy?

Closing

- **Thank you:** Thank you very much for helping us tonight, and for being so honest with your thoughts and ideas. You have helped a lot of other people in Maine by sharing your thoughts.
- **Gift cards:** You may pick up your gift card on the way out. Thanks again for your time.

APPENDIX E: SURVEY RESULTS SUMMARY

The following survey results summary is not intended to replace the full recommendations and the detail they provide. Survey results are meant to provide additional context for the overall findings. Survey participants were a convenience sample. The survey was intended purely to raise the voice of Maine people and their experiences with the health care system.

#	Survey question	All Respondents (n=869)		MaineCare Members Only (n=472)	
		Would help/use all of the time or most of the time	Would only help/use once in a while or never or doesn't apply to me	Would help/use all of the time or most of the time	Would only help/use once in a while or never or doesn't apply to me
2.	I could get reminders and updates from my doctor or insurance provider by email or text message	52%	48%	53%	47%
3.	I could join groups where people who have the same health issues that I do can talk about problems and challenges	43%	57%	46%	54%
4.	I could get coaching and support to understand my child's illness, find a doctor or health care provider for my child, and learn how to help my child stay healthy * <i>(*responses from parents only)</i>	61%	39%	64%	36%
5.	I could take a health survey on the internet when I sign up for MaineCare or another health insurance plan. The survey would help me learn about my own health as well as the kinds of health care services I might need to get and stay healthy	49%	51%	49%	51%

#	Survey question	All Respondents (n=869)		MaineCare Members Only (n=472)	
		Would help/use all of the time or most of the time	Would only help/use once in a while or never or doesn't apply to me	Would help/use all of the time or most of the time	Would only help/use once in a while or never or doesn't apply to me
6.	I could find general health information (for example, information on heart disease, child check-ups, or flu shots) in places I already need to be	Grocery 56% Large retail 49% Library 45%		Grocery 55% Large retail 51% Library 41%	
7.	I could talk to a health educator, like a nurse or someone who would support me in improving my health	63%	37%	64%	36%
8.	Where would you like to work with a health educator, like a nurse or someone who would support you in improving your health?	Phone 53% Home visit 27%		Phone 51% Home visit 28%	
9.	I could get an appointment with my health care provider the same day I need one	86%	14%	88%	12%
10.	I could have appointments with my health care provider during evenings, nights, early morning hours, or on weekends	75%	25%	79%	21%
11.	I could see a health care provider at a retail location, such as Wal-Mart or a drug store, like Rite-Aid or CVS	26%	74%	29%	71%
12.	I could stop by a mobile health van parked in my community	22%	76%	22%	76%
13.	I could get health screenings and prevention information at work	34%	66%	29%	71%
14.	My children could get health care at school * (*responses from parents only)	50%	50%	51%	49%

#	Survey question	All Respondents (n=869)		MaineCare Members Only (n=472)	
		Would help/use all of the time or most of the time	Would only help/use once in a while or never or doesn't apply to me	Would help/use all of the time or most of the time	Would only help/use once in a while or never or doesn't apply to me
15.	I could get a small gift card for groceries or gas, free books, or other useful things if I got early screenings or took other steps to stay healthy	69%	31%	71%	29%
16.	There would be someone at my doctor's office or another organization I trust (like WIC, Head Start, or at the library) to help me with paperwork, prescriptions, and finding other supports (like Earned Income Tax Credit, transportation, and food stamps)	59%	41%	66%	34%
17.	I could get help learning how to manage stress in my life	66%	34%	72%	28%
18.	I would be given a hard cover notebook to keep all my records so I could bring them to my doctor's visits and to the drug store	63%	37%	66%	34%
19.	I could apply for and renew with MaineCare in the following ways...	Phone 56% Internet 44% Doctor's office 41%		Phone 71% Internet 53% Doctor's office 47%	

APPENDIX F: FOCUS GROUP SUMMARY

The following focus group summary is meant to provide additional context for the overall findings. The summary is not intended to replace the full recommendations and the detail they provide. Participants in the focus groups were a convenience sample. Those recruiting participants worked to assure that MeHAF's priority populations were well represented in the discussions. Discussions were held across the state, and 119 people participated. The great majority of participants were MaineCare members, a small minority were covered by Medicare (some being enrolled in both MaineCare and Medicare), and a very small number had private insurance or no insurance. Everyone who participated was over the age of 18. About half the participants fell into the 45-64 age group, with about a third being younger than 45 and about a sixth being 65 and older. More women than men participated in the discussions, with approximately one-third of the participants being men, and two-thirds being women.

Focus group questions and response themes across focus groups:

1. What kinds of information would help you and your family feel healthier or be healthier? Where would you like to find that information?

- Reliable and easy to understand information about coverage for health services.
- Reliable and easy to understand information about healthy eating.
- Reliable and easy to understand information about specific diseases.

Information must come from trusted sources such as the Maine CDC, but needs to be available in many forms including the internet, hard copy written materials mailed to individuals and/or available in places they already go such as schools, the library, grocery stores, and, where appropriate, on TV or the radio.

2. How do you think a health educator, someone who would support you in improving your health, could help you stay healthy? (Prompt: How would you imagine that working (e.g. phone/in person/frequency of contact)?)

- Health educators could support health by providing encouragement and sharing reliable information about managing diseases, medications and available health and social service programs.
- Health educators could “check in” (roughly every two weeks) by phone or in-person. Developing a strong, trusting relationship is key.
- Health educators would need to communicate regularly with patients’ health providers so everyone has the same information and goals.

3. If you could take a web-based survey that would teach you about your health and the health care services you might need to get and stay healthy, how would that be helpful to you?

- A web survey will not reach people who don't have computer access at home and feel uneasy about taking a private survey in a public place like the library.
- Information about local resources is important.
- Information about preventing, treating and managing health (including weight) and disease is also important.

4. What would make it easier to see your doctor, nurse, or other health care provider? (Prompt: What is helpful about same-day, nights, or weekend appointments?)

- Reliable transportation would make it easier to see a health care provider.
- After hours and same day services are vital (but should always remain a choice).
- Communication among different providers and within offices is needed, especially when seeing different providers.

5. How would learning to better manage stress help you improve your health? How would you imagine that working (e.g. group class, online course, one-on-one interactions)?

- Stress and health are tied together.
- There are lots of good coping skills for stress such as walking, listening to music, and deep breathing. Learning these skills is important.
- Skills could be taught in group classes, support groups, videos, on-line workshops, CDs, or one-on-one visits.

6. Exercise and eating well are two things everyone can do to stay healthy. How can we better support those activities?

- Affordable fruits and vegetables are needed, as are gym memberships and exercise classes.
- Transportation problems make it challenging to get to stores with healthy foods and/or to exercise locations.
- Walking is the most affordable exercise option, and exercise groups are motivating.

7. What else would make it easier for Maine people and families to get and stay healthy?

- Having a support person to talk to can make a big difference.
- Dental and eye care need to be accessible.
- Having health care coverage and seeing the same doctor(s) over time so they know you and your health are very important.

APPENDIX G: ENDNOTES

¹ Maine State Health Plan (2008), Governor's Office on Health Policy and Finance, p. 100 http://www.dirigohealth.maine.gov/Documents/2008-2009_State_Health_Plan.pdf.

² SAMSHA (2009), National Mental Health Information Center, U.S. Department of Health and Human Services SAMSHA website: http://mentalhealth.samhsa.gov/databases/databases_exe.asp?DI=&Type=ASMI&Myassign=list.

³ Parks J (2007), "Morbidity and Mortality in People with Serious Mental Illness," Missouri Department of Mental Health on behalf of the National Association of State Mental Health Program Directors.

⁴ Chavez N, Hyman S, Arons B (1999), "Mental Health: A Report of the Surgeon General," U.S. Department of Health and Human Services. <http://www.surgeongeneral.gov/library/mentalhealth/home.html>.

⁵ Office of Applied Studies (2007), "The NSDUH Report: State Estimates of Depression" website: <http://www.oas.samhsa.gov/2k7/states/depression.htm>.

⁶ Maine Youth Suicide Prevention Program (2009), "Quick Facts" webpage: <http://www.maine.gov/suicide/docs/YouthQuickFactsheet-7-09.pdf>.

⁷ Williams D (2001), "Low Income, Not Race or Lifestyle, is the Greatest Threat to Health," University of Michigan Institute for Social Research, part of the Robert Wood Johnson Foundation Investigator Awards in Health Policy Research. <http://www.rwjf.org/reports/grr/026422.htm>.

⁸ U.S. Census Bureau (2007), Small Area Income and Poverty Estimates website: <http://www.census.gov/cgi-bin/saiper/saiper.cgi>.

⁹ Maine State Health Plan (2008), p.103.

¹⁰ Centers for Disease Control (2008), "Maine: Burden of Chronic Diseases" website: <http://www.cdc.gov/NCCDPHP/states/pdf/maine.pdf>.

¹¹ Ezzati M, Friedman AB, Kulkarni SC, Murray CJL (2008), "The Reversal of Fortunes: Trends in County Mortality and Cross-County Mortality Disparities in the United States," Harvard School of Public Health. <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0050066>.

¹² U.S. Census Bureau (2007).

¹³ Maine State Health Plan (2008), p.21.

-
- ¹⁴ Kilbreth E, McGuire C, Gray C, & Chitashvili T (2009), “Analysis of 2006 Maine Emergency Department Use: A Study Conducted on Behalf of the Emergency Department Use Work Group of the Maine Advisory Council on Health System Development,” University of Southern Maine, Muskie School of Public Health, Executive Summary, p.2.
<https://webapp.usm.maine.edu/MuskieWebDBfrontend/projectView.action;jsessionid=136C5268DF30A1FF85540F9A4E33F6D2?projectId=6007>.
- ¹⁵ Maine State Health Plan (2008), p.26.
- ¹⁶ Maine Dental Access Coalition (2007), “Maine Oral Health Improvement Plan,” page 1.
http://www.maine.gov/DHHS/boh/files/odh/MEOraHealth_Plan07.pdf.
- ¹⁷ US Department of Health and Human Services (2000), “Oral Health in America: A Report of the Surgeon General, Executive Summary,” p.1.
- ¹⁸ Academy of General Dentistry (2005), “Health Insurance Underwriter,” Dr. J. Gimarelli quoted in “A Voluntary Dental Plan vs. No Dental Plan,” p.13.
- ¹⁹ Friedman R (2008), “Access to Healthy Foods in Low Income Neighborhoods: Opportunities for Public Policy,” The Rudd Center for Food Policy and Obesity at Yale University, pp. 2, 3. <http://www.yaleruddcenter.org/resources/upload/docs/what/reports/RuddReportAccesstoHealthyFoods2008.pdf>.
- ²⁰ U.S. Department of Health and Human Services (1996), “Physical Activity and Health: A Report of the Surgeon General,” Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Executive Summary, p. 10.
<http://www.cdc.gov/nccdphp/sgr/pdf/execsumm.pdf>.
- ²¹ Greene J (2007), “Medicaid Efforts to Incentivize Healthy Behaviors,” Center for Health Care Strategies, Inc, pp. 11, 12.
http://www.chcs.org/usr_doc/Medicaid_Efforts_to_Incentivize_Healthy_Behaviors.pdf.
- ²² Kellogg Foundation (2009), Website: <http://www.schoolbasedhealthcare.org/Default.aspx?tabid=53&NID=2>.
- ²³ Cohen S, Doyle W, Baum A (2006), “Socioeconomic Status is Associated with Stress Hormones,” American Psychosomatic Society, Lippincott Williams & Wilkins. <http://www.psychosomaticmedicine.org/cgi/reprint/68/3/414>.
- ²⁴ Middlebrooks JS, Audage NC (2008), “The Effects of Childhood Stress on Health Across the Lifespan,” Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, p.3. http://www.cdc.gov/Ncipc/pub-res/pdf/Childhood_Stress.pdf.
- ²⁵ Lipsenthal L & Gilley S (2009), “Managing Stress to Facilitate Performance and Decrease Health Care Costs.” Institute for Health and Productivity Management, pp. 13, 17, 42, 51.

²⁶ Hastedt C (2009), “Analysis of recertification and termination data from the Office of Integrated Access and Support in the Department of Health and Human Services,” Maine Equal Justice Partners.

²⁷ Ormond C, Gerrish S (2006), “Opportunities and challenges: Improving access and health outcomes through the CarePartners program,” University of Southern Maine, Edmund S. Muskie School of Public Service, Institute for Health Policy, pp.9-12.
<https://webapp.usm.maine.edu/MuskieWebDBfrontend/publicationView.action;jsessionid=975F88DD0A367F47BA713519F6AAE1D5?publicationId=3369>.

²⁸ Dinan K, Chau M, Cauthen N (2007), “Two Steps Forward and Three Steps Back: The Cliff Effect – Colorado’s Curious Penalty for Increased Earnings,” National Center for Children in Poverty, Columbia University Mailman School of Public Health, Executive Summary,
http://www.wfco.org/web_wfco/images/userpages/file/COCliffEffect-summary.pdf.

²⁹ Brown R, Peikes D, Peterson G, Schore J (2009), “The Promise of Care Coordination: Models that Decrease Hospitalizations and Improve Outcomes for Beneficiaries with Chronic Illnesses,” Center for Health Care Strategies Webinar.

³⁰ Lorig K (2009), “Chronic Disease Self-Management Program” (PowerPoint presentation). Stanford Patient Education Center.

³¹ Trust for America’s Health (2009), “Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities,” p.21. <http://healthyamericans.org/reports/prevention08/Prevention08.pdf>.

³² Trust for America’s Health (2009), p.3.