



**Cumberland District Public Health Council**  
**Executive Committee**  
**February 25, 2013**  
**1:00 p.m. — 3:00 p.m.**  
**City Hall, Room 24**  
**389 Congress Street, Portland**

**Present:** Deb Deatruck, Valerie Landry, Anne Lang, Becca Matusovich, Emily Rines, Toho Soma ; Shane Gallagher ; Kristen Dow, Zoe Miller, David Munger (UNE student)

**Absent:** Steve Fox, Colleen Hilton, Julie Sullivan

Topic	Discussion	Actions
District Meeting Locations	<p>Emily Rines and Toho Soma reviewed the history of this discussion. Emily explained how the Membership Committee has been examining ways to make the Council meetings more accessible to all members. Toho reviewed the feedback from January Council meeting.</p> <p>The Committee discussed the possibility of having hospital to hospital video conference which would allow members in the Bridgton area to remote in meetings, but the capabilities of other hospitals regarding video conferencing were not known.</p>	<p>Shane Gallagher will schedule the March 15, 2013 Council meeting with the Portland Water District (if room is available) or with MaineHealth.</p> <p>Shane Gallagher will contact Colleen Hilton regarding video conferencing capabilities at VNA Home Health &amp; Hospice.</p> <p>Shane Gallagher will contact Pamela Smith regarding video conferencing capabilities at Bridgton Hospital.</p>

Topic	Discussion	Actions
District Public Health Improvement Priority Report: STD's	<p>David Munger, a DO/MPH student at the University of New England presented data he analyzed during his internship at the Maine CDC with Becca Matusovich (See Appendix A).</p> <p>After the presentation, the Committee discussed many of the questions raised by the data, what was missing from the data, and made suggestions to David on items to include in the final report.</p>	Executive Committee members will use the information from presentation to help inform the District Public Health Improvement Plan Prioritization Process.
District Public Health Improvement Plan Prioritization Process	<p>Toho Soma led the Committee through the first stage of the process. Shane Gallagher recorded the results in an excel sheet.</p> <p>The first stage of the process ranks each criterion versus criterion to create system of weights for each.</p> <p>The remaining portions of the process will be completed in a separate meeting.</p>	<p>Shane Gallagher will send a doodle to individuals who expressed interest in participating in the follow up meeting.</p> <p>Shane Gallagher will send out the date and time of the follow up meeting to the Executive Committee.</p> <p>The small group of interested individuals will finish the prioritization process and the results will be presented at the March 15, 2013 Council meeting.</p>
By-Laws Discussion Regarding Membership	Shane Gallagher provided background information on the issue and reviewed draft language for the Executive	Motion to approve recommended By-laws language: Toho Soma Motion Second: Anne Lang

Topic	Discussion	Actions
	<p>Committee to consider regarding how HMP's are represented at the Executive Committee.</p>	<p>Results: Yea: 6 Nay: 0—Unanimously approved.</p> <p>Shane Gallagher will draft the language and submit to the Executive Committee prior to the March 15, 2013 Council meeting.</p> <p>Shane Gallagher will distribute the draft changes to the by-laws to the Council prior to the March 15, 2013 Council meeting.</p>
Lyme Disease Forum	<p>Becca Matusovich presented a request from the Infectious Disease Epidemiology program at the Maine CDC.</p> <p>The program is interested in co-sponsoring a Lyme Disease Forum in the Cumberland District sometime in the spring/summer of 2013.</p> <p>Executive Committee members expressed interest in pursuing this idea.</p>	<p>Shane Gallagher will put the Lyme Disease Forum topic on the March Council meeting agenda for further discussion.</p> <p>Becca will get more information from Anne Sites about what specific expectations would be for the CDPHC to co-sponsor such a forum.</p>
March Meeting Agenda	<p>The Committee reviewed the March Council meeting agenda and made recommendations on topics for discussion.</p>	<p>Shane Gallagher will finalize the March Council meeting agenda based on the feedback from the Executive Committee.</p>

**Next Meeting:** Full Council—March 15, 2013 from 10:00 a.m. — 12:00 p.m. at the Portland Water District’s Nixon Conference Room located at 225 Douglass Street, Portland; Executive Committee—April 22, 2013 from 1:00 p.m. — 3:00 p.m. at City Hall Room 24, 389 Congress Street, Portland.

Cumberland County:  
Chlamydia & Gonorrhea On The Rise

David P. Munger, MS-IV

Monday, February 25, 2013

# Brief Overview

- Within Maine (and nationally) there has been an increase in rates of both Gonorrhea and Chlamydia, particularly within the past 3 years.
- Data has been taken from Maine CDC – STD Division for analysis.
- Literature review of possible solutions conducted.
- Information and ideas from preliminary workgroup meetings and key informant interviews.

# Criteria for DPHIP Selection

- Opportunity
- CDPHC best vehicle

# Do Cost-Effective, Evidence-Based Strategies Exist?

- YES
  - Literature Review
  - Community Guide has Recommended Strategies

# Possible Solutions

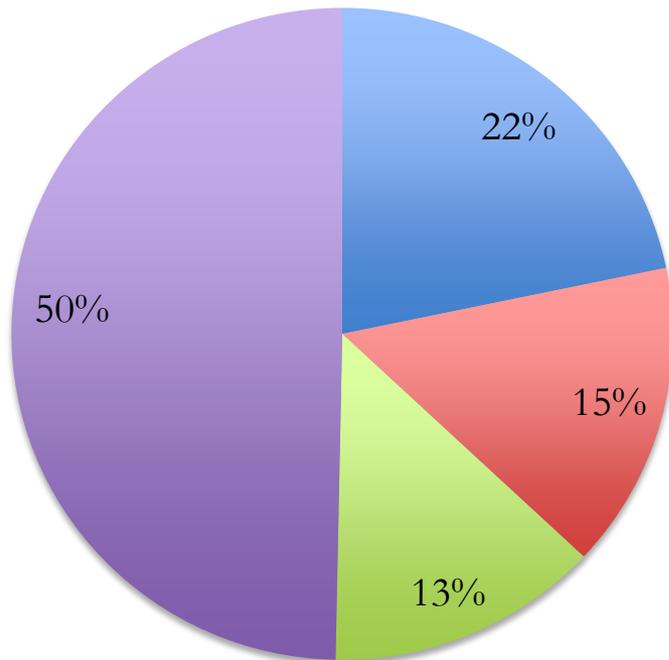
- Provider-Focused
  - Provider assumptions inhibit broader testing
  - Lack of awareness and use of USPSTF Guidelines for STD screenings.
  - Promote clinical care where diagnosis and treatment initiation occur in the same visit
  - Chlamydia toolkit and provider Quality Improvement – Massachusetts & New Mexico
- Waiting Room / Internet Focused
  - “Safe in the City” STD clinic waiting room video
  - Interactive computerized condom use intervention
  - Web-based sexual health education websites targeting specific populations
- MSM Population
  - Promote MSM culture that embraces both sexual freedom and safer sex
- Coping Skills
  - Counseling on effective communication with partners in relationships believed to be monogamous (to produce active coping mechanisms)
- Increasing Testing / Follow-Up
  - Testing-only visits
  - At-home testing for follow-up/re-testing
  - Postcard reminders for follow-up testing
  - Increase Testing Outside of Portland

# Possible Solutions

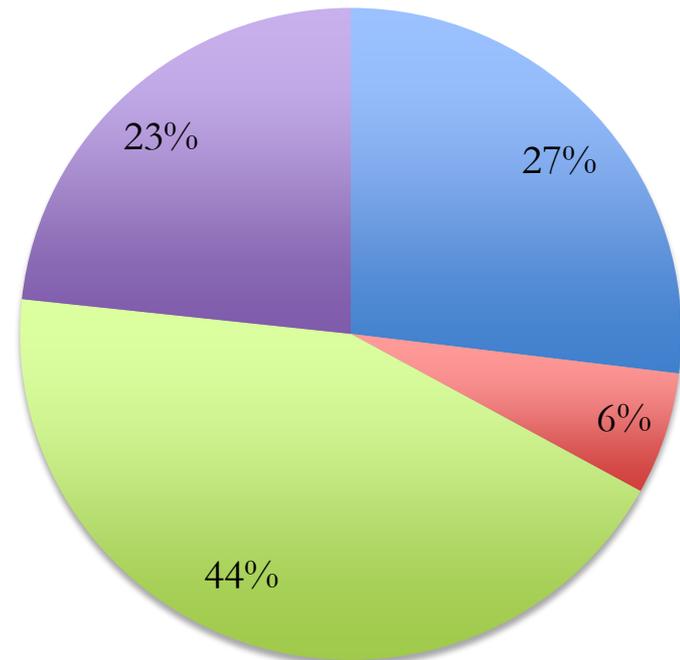
- Partner Notification
  - InSpot – e-Cards for partner notification
  - Patient Delivered Notification Schemes
- Partner Treatment
  - Patient Delivered Partner Therapy / Expedited Partner Therapy
- Adolescent / College Student Focused
  - School-based STD screening
  - Testing, treatment, and follow up counseling for incarcerated youths
  - Sexual Awareness for Everyone (SAFE) program – comprehensive follow-up program implemented in STD clinics - designed for adults, modified version for minority youth
  - Targeting health promotion to specific life stage/transitions, especially focusing on condom use and correct under-perceived risks
- Adult Focused
  - Sexual Education for Adults
- Financial Focused
  - For providers to offer free / low-cost testing & treatment
  - For patients (uninsured & MaineCare) and partners

# State Cases by County - 2012

## Chlamydia Percentages by County



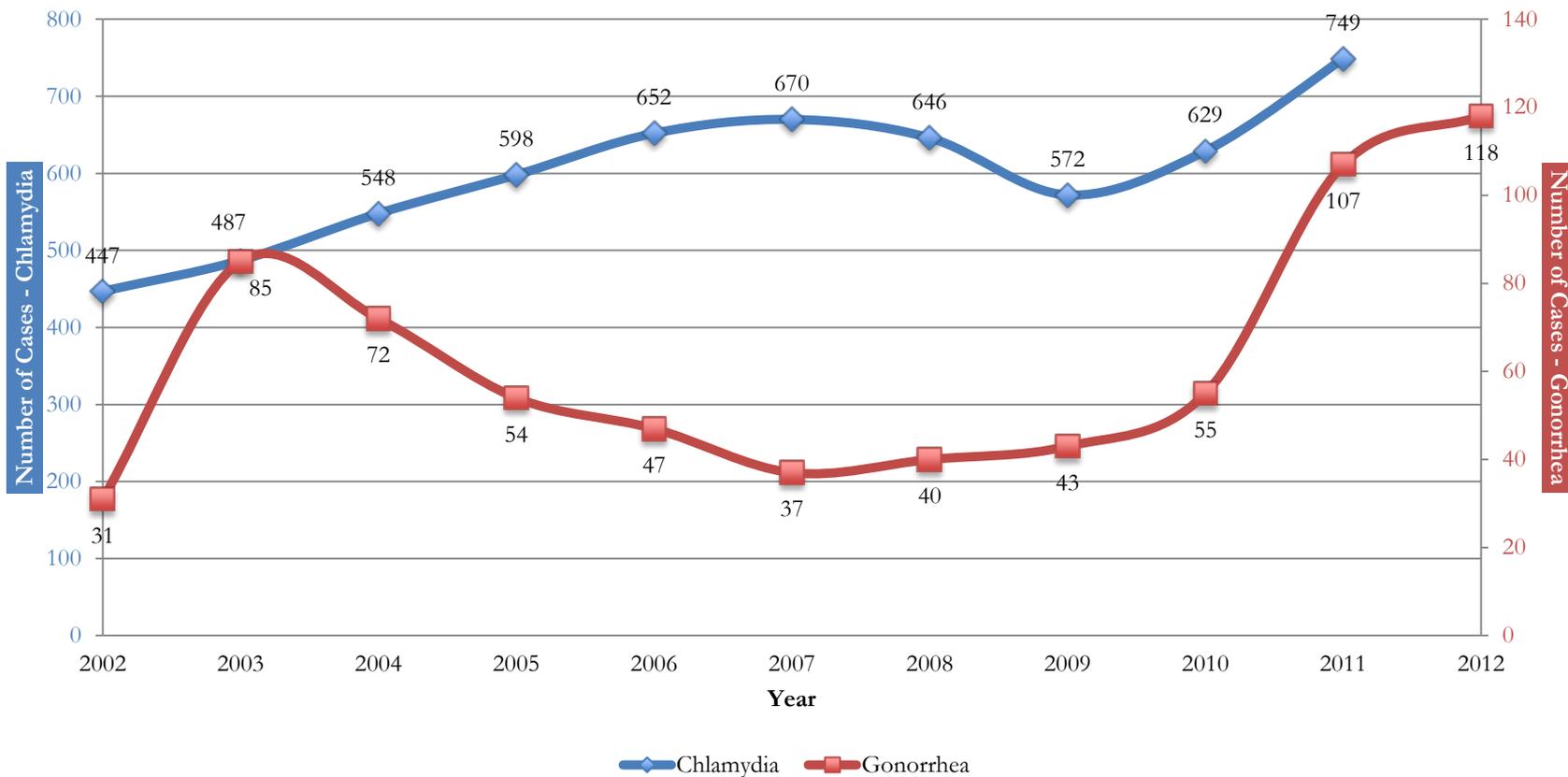
## Gonorrhea Percentages by County



■ Cumberland   ■ York   ■ Androscoggin   ■ All Others

# The Rates

## Cases in Cumberland County by Year



# Sense of Urgency

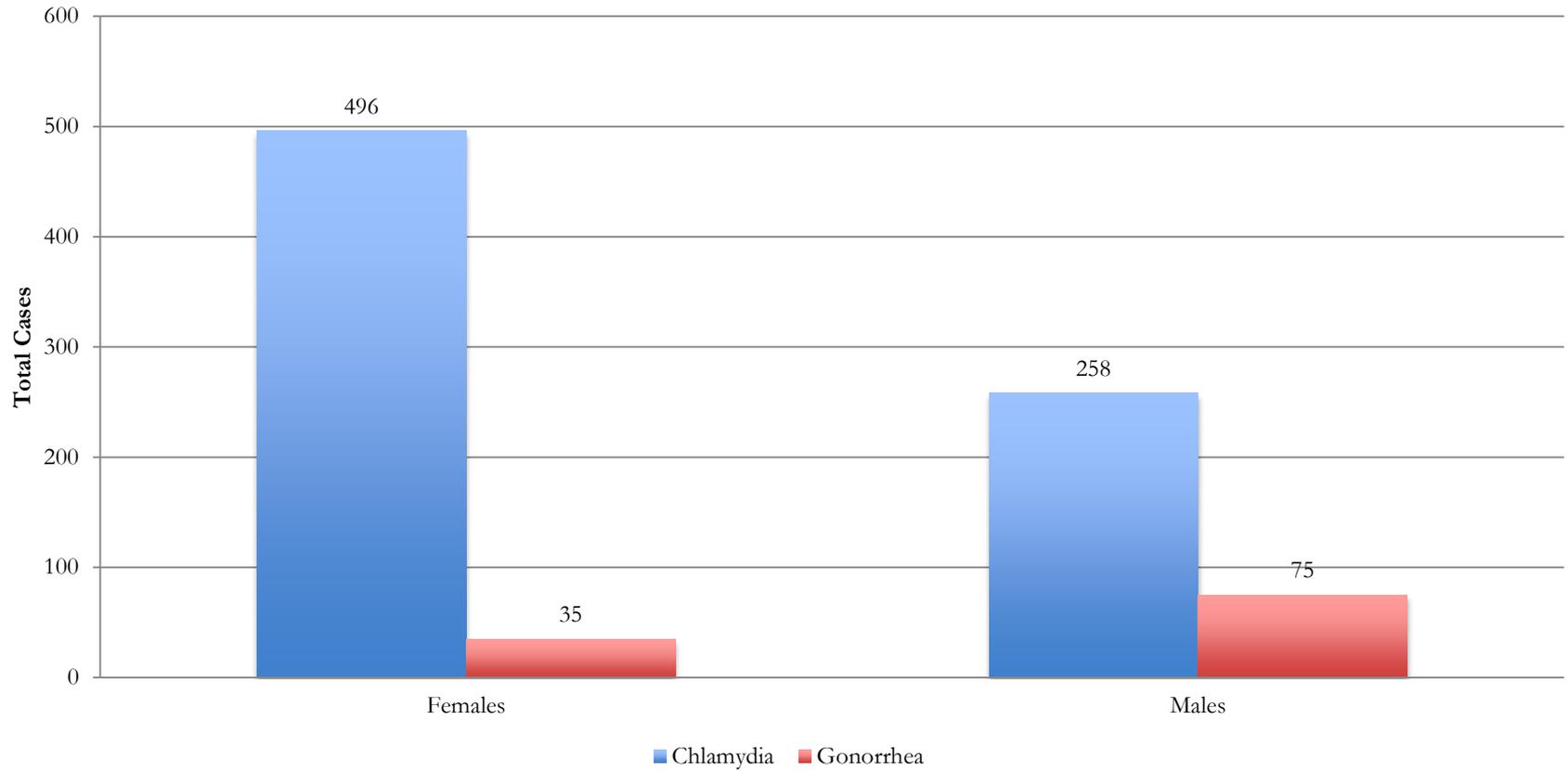
- Rapid increase in past 2-3 years
- Cumberland county high compared to the rest of the state (2<sup>nd</sup> only to Androscoggin County)
- Misconceptions exist about “safe” sex and asymptomatic infections
- Opportunity exists to intervene to key target groups to prevent / limit spread
- Disparate impact in young adults, racial minorities, and MSM population.

# Cumberland County

- Both Gonorrhea and Chlamydia focused in 15 to 30 year old age group.
- Gonorrhea has an addition peak in middle-aged men believed to be mainly in the MSM population.

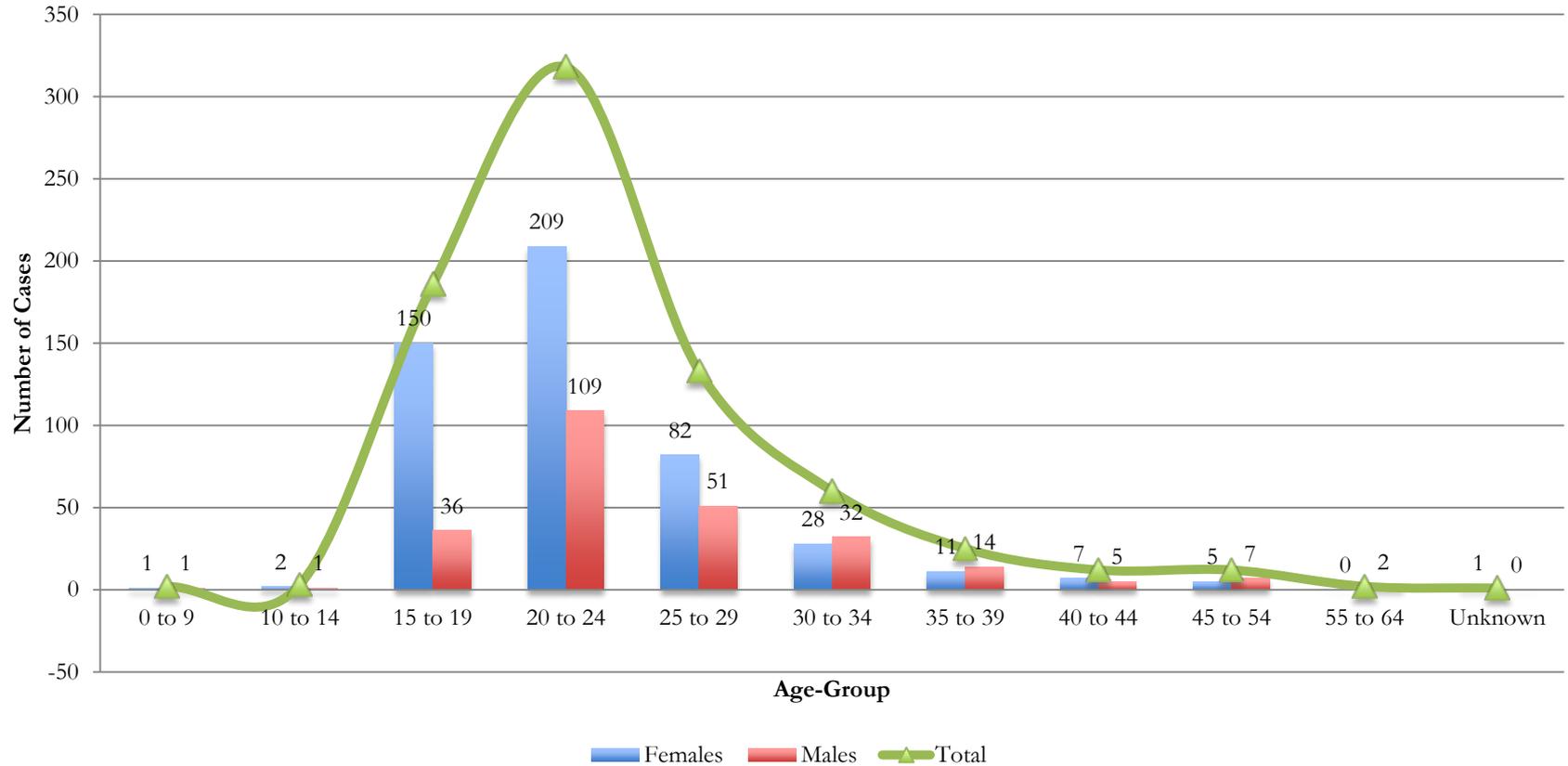
# The Rates

## Cumberland County Cases by Sex - 2012



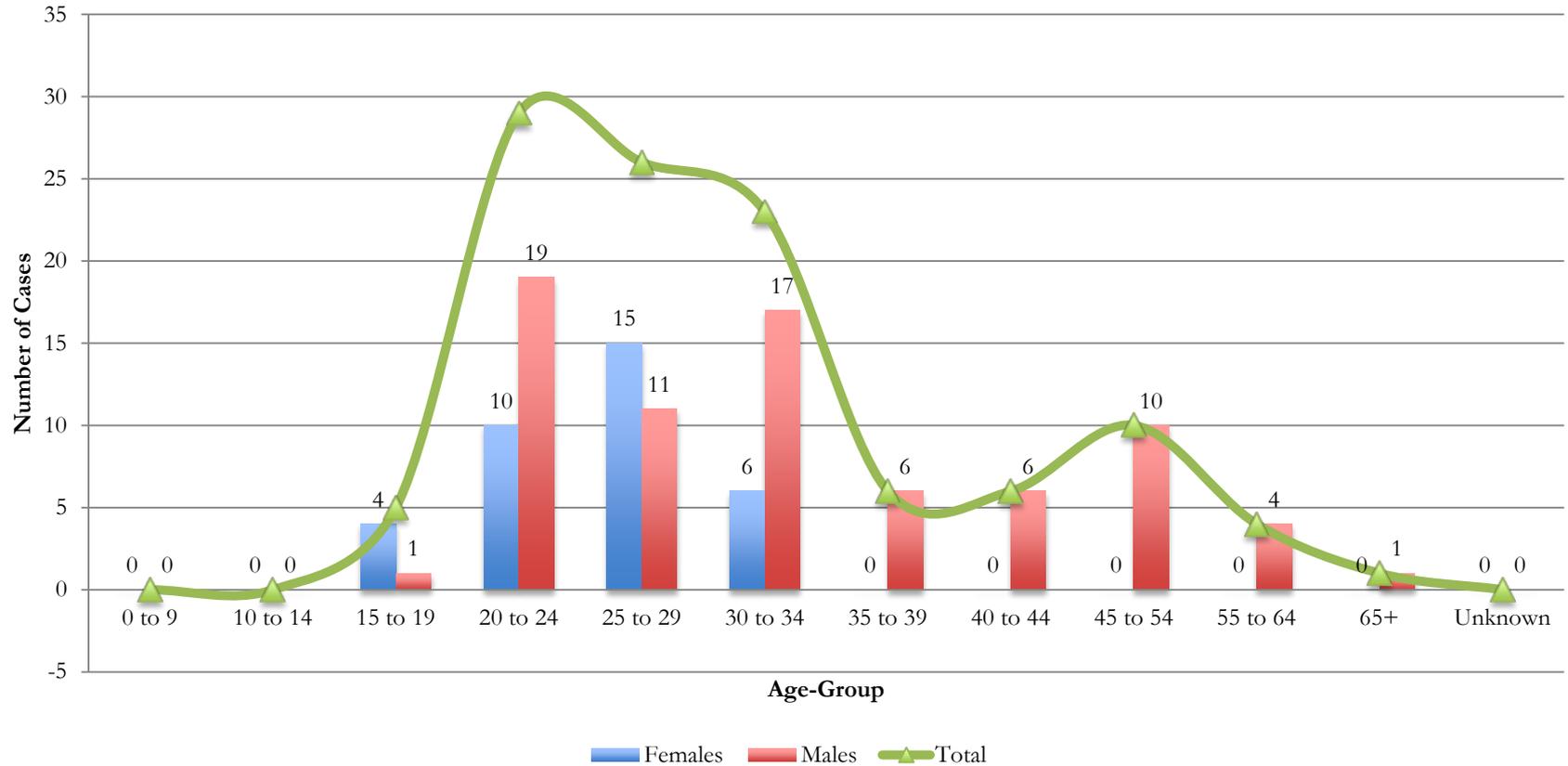
# The Rates

## Chlamydia Cases In Cumberland County by Sex & Age-Group



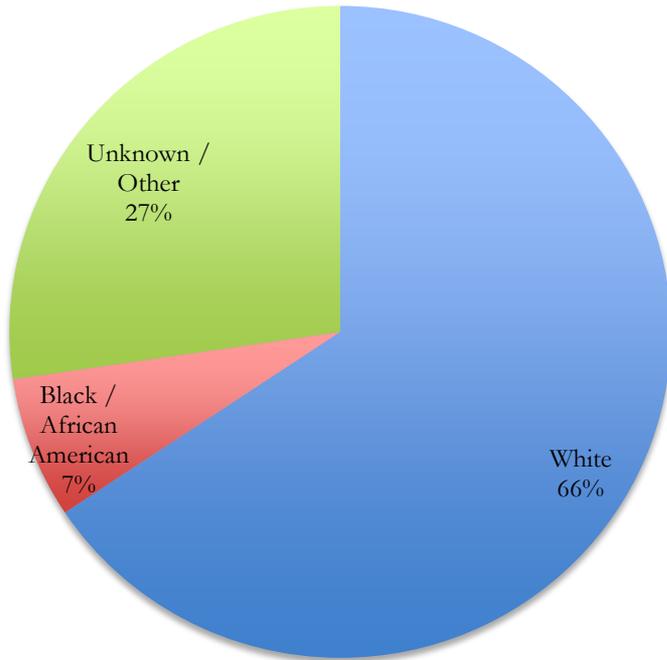
# The Rates

## Gonorrhea Cases In Cumberland County by Sex & Age-Group

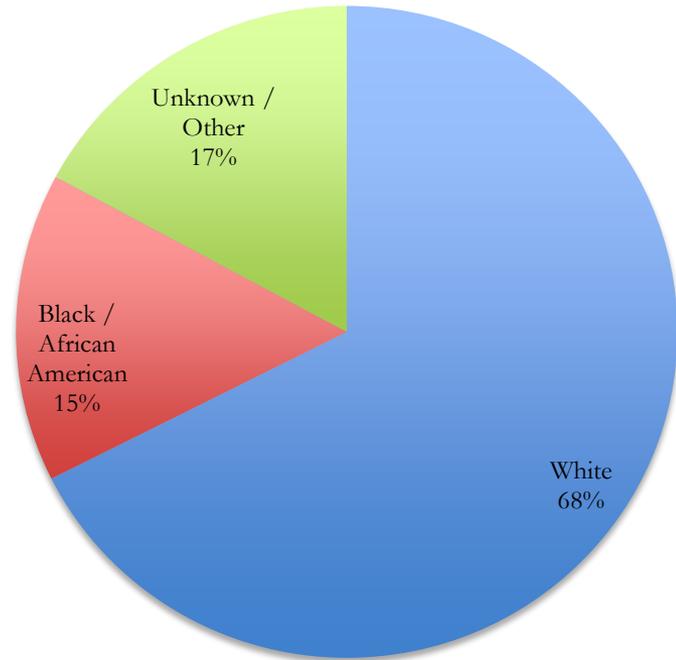


# The Rates

**Cumberland County Chlamydia  
Cases by Race**



**Cumberland County Gonorrhea  
Cases by Race**



# Gaps / Challenges

- Financing of testing and treatment (and condoms)
- Access points for testing and treatment (and condoms)
- Risk awareness, knowledge, and motivation
- Treatment effectiveness and compliance

# Potential Workgroup Strategies

- Increase outreach through a joint campaign to promote STD testing, which could include social media, e-cards, text messaging, posters, etc. The main purpose would be to get the message (STD risks & where to get tested) to the high-risk populations.
- Provider-focused educational outreach could include exploration of expanding and implementing more testing / treating combined visits, education focused on screening guidelines, expedited partner therapy, etc.

# Core Leadership

- Sarah Bly, STD Surveillance Coordinator
- India Street Clinic & Disease Investigation Specialists
- If Needed –
  - Leigh Ann Miller, PhD, LMSW, Epidemic Intelligence Service Officer assigned to Maine CDC
    - Someone in Cumberland County needs to be driving the train. She can assist with backbone support and be technical / content reference but has no presence or agency affiliation in Portland.
  - Alexandra Kanakis Hughes, MPH, Health Equity and Research
    - Currently she and the Healthy Rivers Healthy Maine Partnership are searching for other persons within their network who is a more suitable person for involvement in this project

# Backbone Support

- If Needed - Leigh Ann Miller, PhD, LMSW, Epidemic Intelligence Service Officer assigned to Maine CDC

# Other Workgroup Participants

- Likely participants:
  - Healthy Rivers Healthy Maine Partnership
  - Planned Parenthood , Megan Hannan
  - Kate Colby, Field Epidemiologist
    - Willing to work with others to collaborate on any prevention messages, materials, and distribution of key messages / resources, particularly if there are any opportunities to include HBV prevention so as not to duplicate efforts among the same target audiences. I would be happy to contribute by phone / e-mail but cannot commit to in-person meetings/workgroup participation.
  - University of Southern Maine (USM)
    - Lisa Belanger, Director of USM Student Health Clinic
    - Vicky Hayes, MD, Medical Director USM Student Health Clinic.
  - Mercy Fore River
  - Others possible: Bridgton Hospital, MidCoast or Oasis clinic, Family Planning Association

# Other Workgroup Participants

- Who else might be interested?
  - School Districts
  - PCPs
  - Some hospitals
  - Frannie Peabody Center
  - Section 8 Housing
  - Recovery and Addiction Centers

Questions?

