



**Cumberland District Public Health Council**  
**Full Council Meeting**  
**March 16, 2012**  
**10:00 am — 12:00 pm**  
**Portland Water District’s Nixon Conference Room**  
**225 Douglass Street, Portland**

**Present:** Faye Daley, Deb Deatrick, Steve Fox, Sandy Hale, Colleen Hilton, Paul Hunt, Becca Matusovich, Bernice Mills, Karen O’Rourke, Emily Rines, Lucie Rioux, Ashley Soule, Julie Sullivan, Ted Trainer, Anne Tricomi, Carol Zechman; Shane Gallagher; Caity Hager, Penny Hudson, Alex Hughes, Joan Ingram, Sharon Leahy-Lind, Rebecca Miller

**Absent:** Neal Allen, Anita Anderson, Denise Bisailon, Jim Budway, Megan Hannan, Valerie Landry, Dianne North, Cathy Patnaude, Helen Peake-Godin, Erica Schmitz, Pamela Smith, Toho Soma, Peter Stuckey, Steve Trockman, Helen Twombly, Eileen Wyatt

Topic	Discussion	Actions
Announcement: <i>Membership Committee Chair</i>	Colleen Hilton announced the appointment of Emily Rines as chair of the Membership Committee of the Cumberland District Public Health Council.	No action required.
<i>Sharon Leahy-Lind</i>	Sharon Leahy-Lind—the newly hired Director of the Division of Local Public Health and formerly the District Liaison to the York Public Health District—attended the meeting. After introductions, Sharon Leahy-Lind shared news regarding the restructuring of the Maine CDC.	No Action Required.

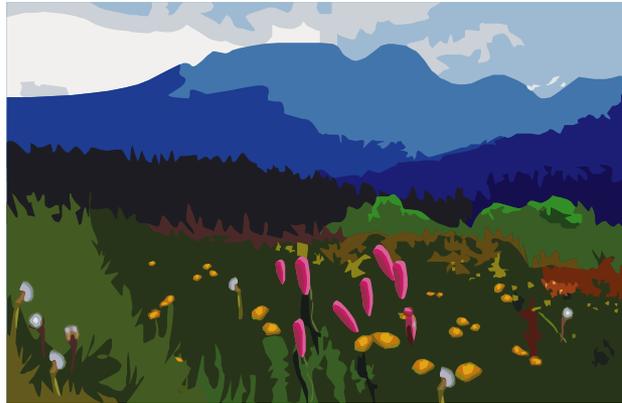
Topic	Discussion	Actions
Presentation—Northern New England Poison Center	<p>Rebecca Miller provided a brief fifteen-minute presentation on the Northern New England Poison Center. The presentation included information on the history of the center, services provided by the center, and current trends in cases.</p>	<p>Rebecca Miller asked Council Members and Interested Parties present to fill out a brief survey evaluating the presentation. Shane Gallagher will collect surveys at the end of the Council meeting and return them to Rebecca Miller.</p> <p>Rebecca Miller will send power point presentations to Shane Gallagher for forwarding to the Council and Interested Parties.</p>
Community Transformation Grant—Updated	<p>Becca Matusovich reviewed the progress made on the Community Transformation Grant to date. (see Appendices B &amp; E for details)</p> <p>The presentation provided information on successes such as: selection of a fiscal agent (City of Portland Public Health Division), development of a Memorandum of Understanding between the Council and the Fiscal Agent, meetings of the Oversight Sub-committee, selection of objectives, and meetings of objective specific planning sub-groups. Becca Matusovich also described the tentative timeline for the future work of the Community Transformation grant</p>	<p>Becca Matusovich will be transitioning out of the coordinating role and Shane Gallagher will be transitioning in as described in the basic staffing structure.</p>

Topic	Discussion	Actions
	<p>including the work plan submission deadline (April 18, 2012) and the Action Institute (May 14 &amp; 15, 2012).</p> <p>During the discussion, the Council asked for clarification on authority of the Oversight Sub-committee to act on behalf of the Council. There was not a clear answer to this question.</p>	<p>Shane will research whether a formal vote was ever taken (by either the Council or Executive Committee) to authorize the Oversight Sub-committee to act on behalf of the Council.</p>
<p>Overview of Planning Processes to date</p>	<p>Becca Matusovich provided a presentation of all the various planning processes that are currently taking place in the District and that have taken place in the past. Alex Hughes and Deb Deatrick spoke during specific sections of the presentation MAPP Process/Community Health Improvement Plans and Community Health Needs Assessment, respectively.) (see Appendix A for details)</p> <p>The reason for the presentation was to show the connections between the various processes--which have taken place over a period of several years—and how they relate to the work of the Council moving forward.</p> <p>In addition, Becca Matusovich provided a</p>	<p>Becca Matusovich will incorporate the</p>

Topic	Discussion	Actions
	<p>draft matrix of collaborative efforts in the district related to the priorities of all of the plans/initiatives. The matrix included information from the District Public Health Improvement Plan, the Community Health Improvement Plans from each respective Healthy Maine Partnership in the District, forum topics from the County Community Health Needs Assessment Forums, and other major collaborations. The Council provided useful feedback on addition information that would be useful to see in the matrix and suggested that the completed version should be managed by Shane Gallagher (see Appendices C &amp; D)</p>	<p>recommended changes/additions suggested by the Council.</p>
Financial Report	<p>Deb Deatrack reviewed the latest financial report provided by the CDPHC fiscal agent (City of Portland Public Health Division) [See Appendix F].</p> <p>Deb requested Members consider providing funding to the Council, as many organizations' fiscal planning processes for the upcoming years are underway or soon will be.</p>	<p>Members should bring subject up as appropriate for their respective organizations.</p> <p>Deb Deatrack, Toho Soma, and Shane Gallagher will work on a formal letter in support of the Council's request and provide it to the Membership.</p>

**Next Meeting:** Full Council—May 18, 2012 at location TBD; Executive Committee—April 23, 2012 at Portland City Hall, 389 Congress Street, Portland.

# The Grand View: public health priorities and collaborative planning in the Cumberland District



CDPHC meeting - March 16, 2012

Becca Matusovich

Cumberland District Public Health Liaison,  
Maine CDC

# Acronyms (sorry!)

CDPHC = Cumberland District Public Health Council

DPHIP = District Public Health Improvement Plan

CHIP = Community Health Improvement Plan

MAPP = Mobilizing for Action through Planning and Partnerships

CHNA = Community Health Needs Assessment

PH = public health

HMPs = Healthy Maine Partnerships

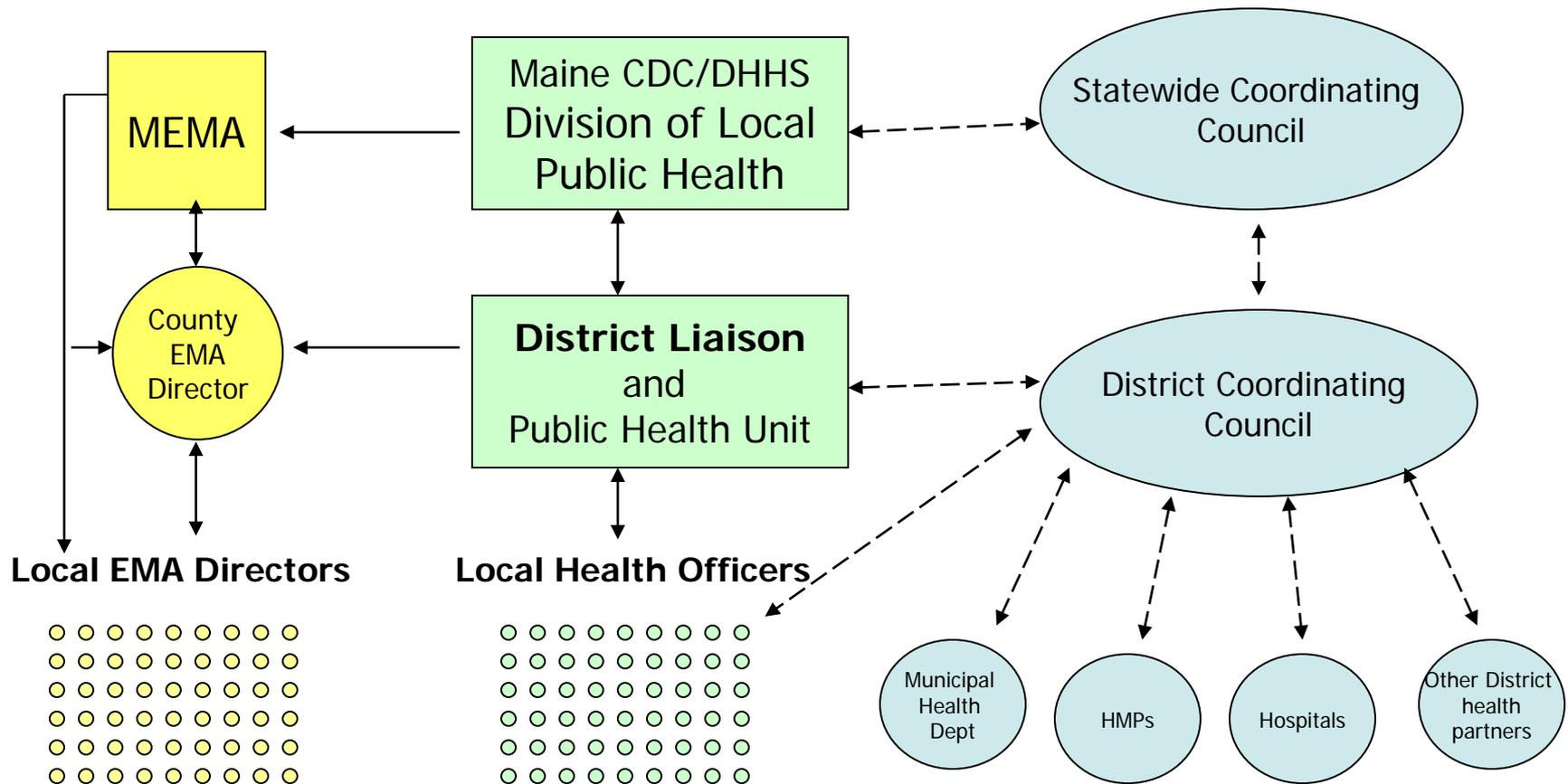
HP = Healthy Portland (HMP) - Portland

HCB = Healthy Casco Bay – Falmouth, Gray, New Gloucester, Pownal, Freeport, Yarmouth, North Yarmouth, Cumberland, Chebeague Island, Long Island (+ Brunswick & Harpswell with Access Health)

HR = Healthy Rivers (South Portland, Cape Elizabeth, Scarborough, Gorham, Westbrook)

HL = Healthy Lakes (Baldwin, Bridgton, Casco, Harrison, Naples, Raymond, Sebago, Standish, Windham)

# Remember 2009? “New” public health infrastructure: Better partnerships at state, district and local levels [a simplified view!]





# Aligned Population Health Improvement Planning [also a simplified view!]

**SCC:** provides input into  
State Health Improvement Plan

*State Health Improvement Plan  
expected in 2012 as part of Me  
CDC's preparations for  
accreditation*

**all DCCs:**  
District Public Health  
Improvement Plans

**Phase 1 of DPHIPs, 2011-13**  
1. Population health priorities  
(based on district Call to Action from  
2010 state health plan)  
2. Local Public Health System  
Assessment - infrastructure  
priorities identified by DCC

**all HMPs:**  
Community Health  
Improvement Plans  
*Mobilizing for Action Through Planning  
and Partnerships [MAPP]*

*MAPP- CHIPs finalized in the spring of  
2011. Action plans on priority strategic  
issues & objectives developed and  
implemented in 2012-13. Others will  
follow as resources & leads identified.*

# Overall goals for the DPHIPs:

- Strengthen the local/district public health infrastructure and improve performance on priority EPHS model standards
- Increase effectiveness & efficiency of public health strategies that will impact the Population Health Indicators (linked to avoidable hospitalizations)
- Address other district priorities if identified

# Priorities selected for the 2011-2013 Cumberland District Public Health Improvement Plan (DPHIP)

## **Public Health System/ Infrastructure Priorities:**

*Based on Local Public Health System  
Assessment*

**EPHS 3: Inform, Educate, and  
Empower People** about  
Health Issues

**EPHS 4: Mobilize Community  
Partnerships** to Identify and  
Solve Health Problems

**EPHS 7: Link People to Needed  
Personal Health Services**  
and Assure the Provision of  
Health Care when Otherwise  
Unavailable

(EPHS = Essential Public Health Services)

## **Population Health Priorities:**

*Based on State Health Plan/  
District Performance Report*

**Influenza and Pneumococcal  
Vaccination**

**High Blood Pressure and  
High Cholesterol**

**Tobacco**

**Access to Primary Care**

**Public Health Preparedness**



# What about other district priorities?

*This was our thinking back in 2010 as we created our first DPHIP:*

- Executive Committee proposal was to limit the focus of this first DPHIP to the 3 EPHS priorities and the 4 population health priorities in order to keep it manageable
- Add Public Health Preparedness?
- The CDPHC Health Data Committee could study all the various assessments and data available to identify other potential priorities that stand out – provides a mechanism for framing potential priorities for the next DPHIP
- The HMPs (with help from the Health Data Committee) are working on MAPP and will be creating local Community Health Improvement Plans –some issues may cross the whole district and could be referred up to the district level for the next DPHIP

# CHIPs (Community Health Improvement Plans)

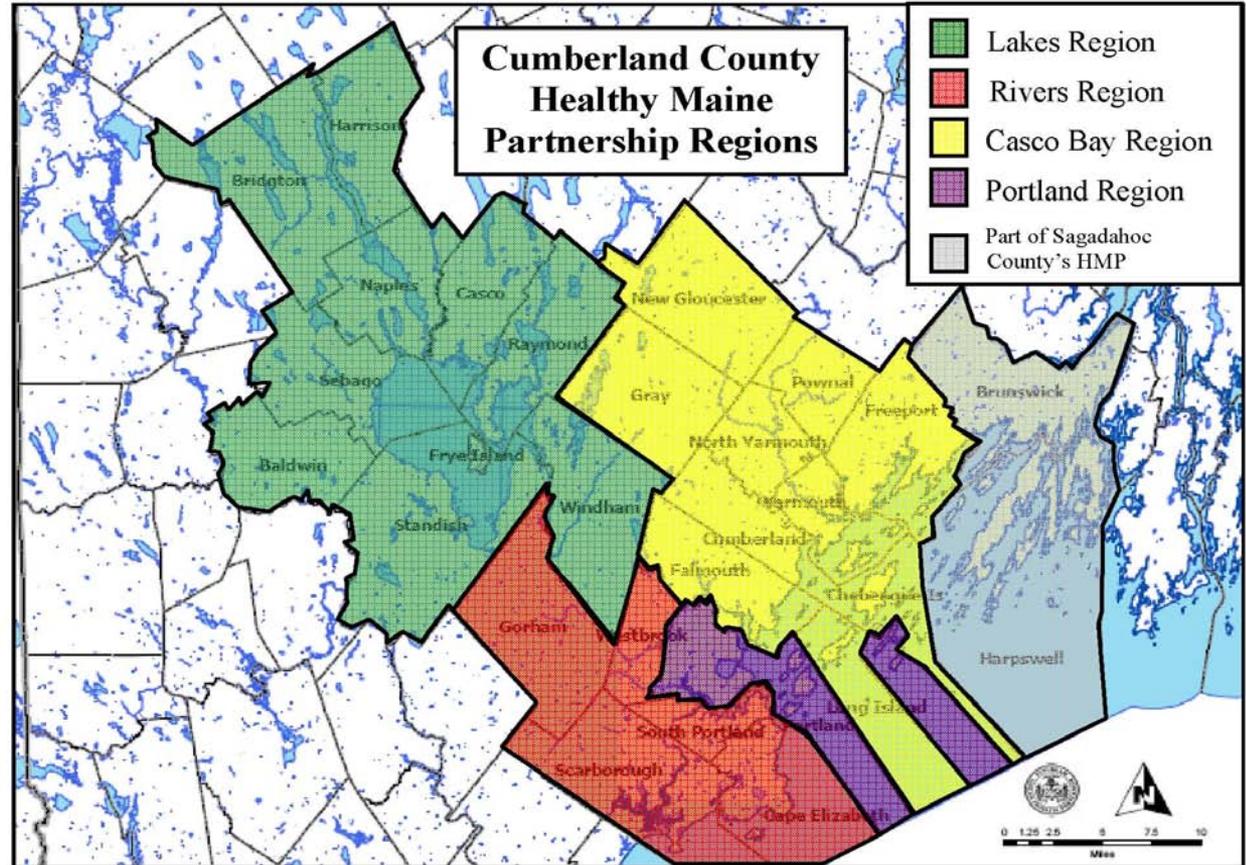
- Identify priority areas for improvement
- Created using a nationally-recognized tool called MAPP (Mobilizing for Action through Planning and Partnership)
- Local service area oriented (4 CHIPs, one for each Healthy Maine Partnership region).
- Implementing CHIP priorities is a five-year HMP workplan objective.
- Link to CDPHC: Healthy Cumberland Committee = Advisory Board for the four HMPs, guidance & input on MAPP action planning & implementation

**Healthy Portland (HMP) -**  
Portland

**Healthy Casco Bay (HMP)**  
– Falmouth, Gray, New Gloucester, Pownal, Freeport, Yarmouth, North Yarmouth, Cumberland, Chebeague Island, Long Island (+ Brunswick & Harpswell with Access Health)

**Healthy Rivers (HMP) -**  
South Portland, Cape Elizabeth, Scarborough, Gorham, Westbrook

**Healthy Lakes (HMP) -**  
Baldwin, Bridgton, Casco, Harrison, Naples, Raymond, Sebago, Standish, Windham



\*\*Healthy Casco Bay and Healthy Portland are housed in the City of Portland, Public Health Division. Healthy Lakes and Healthy Rivers are housed at The Opportunity Alliance.

# MAPP Process



# Strategic Issues for Healthy Casco Bay and Healthy Portland

- How can we ensure increased awareness of how increased physical activity and proper nutrition reduces the risk of obesity?
- How can we ensure all members of the community are in healthy environments where they live, work and play?
- How can we ensure access to health services among all populations within our community?
- How can we ensure reduced drug and alcohol rates of our community members?
- How can we ensure that all members (of all ages) of our community have the resources necessary to prevent illnesses such as flu and pneumonia?

# Strategic Issues for Healthy Lakes and Healthy Rivers

- How can we ensure that all members of the community – across the lifespan—have the education, transportation, and resources necessary to access the full range of health-related services and supports, social services and supports, and nutritious foods?
- How can we ensure that our community has access to the resources necessary to prevent substance abuse?
- How do we ensure that our communities have access to the resources necessary to be sexually healthy?
- How can we ensure that all members (of all ages) of our community have the resources necessary to prevent illnesses such as flu and pneumonia?



# **Community Health Needs Assessment**

## *Cumberland County Public Forums*

January 23, 2012 in Standish

January 30, 2012 in Portland



Deborah Deatruck, Vice President of Community Health,  
MaineHealth

# **COMMUNITY HEALTH NEEDS ASSESSMENT REPORT**

# What is OneMaine Health?

- Partnership between:



## MaineHealth

- Unique partnership designed to foster collaboration on public health initiatives to serve the best interest of the people of Maine



# What is the CHNA?

- The Community Health Needs Assessment (CHNA) is a collaborative effort designed to provide a “health status” on Maine’s population.
- Designed specifically to study:
  - Personal Health Status
  - Health Service Utilization
  - Health Service Access
  - Health Service Barriers

# What is the CHNA?

- The CHNA is designed to give a county level perspective of the health challenges and assets within the State of Maine.
- Most importantly, the CHNA is a conversation starter.
- This unique tool allows for discussions and further analysis to be conducted in the name of performance improvement.

# Rationale for the CHNA

- Reconciliation ACT of 2010
  - Hospitals are required to conduct community health needs assessments **at least once every three years**
  - Hospitals are required to develop an intervention plan to address needs indentified through the assessment
- The CHNA meets the requirements of the Reconciliation ACT of 2010

# Cumberland County CHNA Forums Planning Committee

- **Maine Health (convenor)**
- **Mercy Hospital & VNA Home Health & Hospice**
- **Maine Medical Center**
- **Spring Harbor Hospital/Maine Mental Health Partners**
- **New England Rehabilitation Hospital**
- **Bridgton Hospital**
- **Cumberland District Public Health Council**
- **Maine CDC**
- **Healthy Maine Partnerships**
- **Portland Public Health**
- **Opportunity Alliance**
- **United Way of Greater Portland**

# Cumberland CHNA Forums - results

- Good attendance at both forums (100+ in Portland!)
- Five breakout sessions at each forum:
  - Mental Health
  - Substance Abuse
  - Access to Care
  - Cardiovascular Health
  - Obesity/Physical Activity/Nutrition
  - (Sexual Health, Immunization, and Tobacco not breakouts but listed on survey for interest in follow-up because of being priority in DPHIP, CHIP, and/or other major health system/hospital strategic plans)
- Slides, CHNA data reports, and breakout session notes being posted on Maine Health webpage
- Planning committee suggestion: District Coordinating Council (CDPHC) to serve as communication mechanism for follow-up activities?

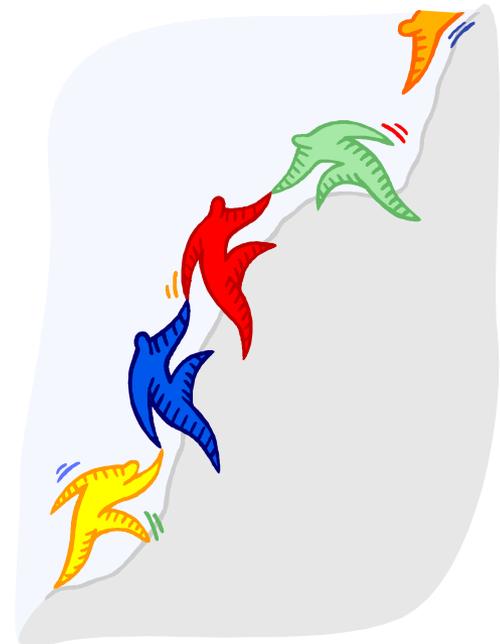
# How can I get involved??

***Disclaimer:***

***The following chart and  
contacts/leads list  
are WORKS-IN-PROGRESS***

***Please contact Becca***

***([becca.matusovich@maine.gov](mailto:becca.matusovich@maine.gov)) with any  
additions & corrections***



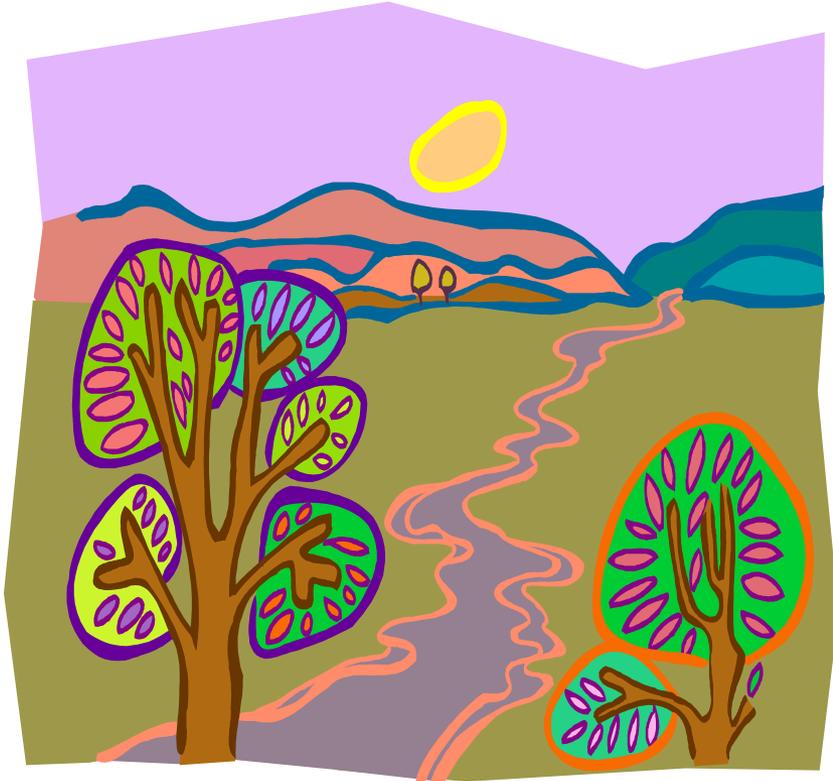
<b>Cumberland CHNA Forum topic</b>	<b>DPHIP (District Public Health Improvement Plan)</b>	<b>CHIPs (Community Health Improvement Plans, using MAPP process)</b>	<b>Other major collaborations community/public health partners (incl. health care)</b>	<b>Other major collaborations – health care system/ hospitals/providers</b>
Access to Care	<p>Access</p> <p>Potential focus points?</p> <ul style="list-style-type: none"> <li>-Rural (esp. Lakes Region) access to primary care</li> <li>-Racial/ethnic/language access, data</li> <li>-Islands?</li> <li>-Young adults?</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure access to health services among all populations (HP/HCB)</li> <li>- Ensure all community members have the education, transportation &amp; resources necessary to access the full range of health-related services and supports (HR/HL)</li> </ul>	<ul style="list-style-type: none"> <li>- Greater Portland Refugee &amp; Immigrant Health Care Collaborative</li> <li>-Shared interpreter services initiative</li> <li>- Public Health &amp; Transportation Connection (PHiT)</li> <li>- 211, Keep ME Well</li> </ul>	<ul style="list-style-type: none"> <li>-Patient Centered Medical Home Community Care Teams</li> <li>- Portland Public Health Community Health Outreach Workers at Mercy, MMC Cancer Center, and Portland Community Health Center</li> <li>- UNE Dental School &amp; FQHCs</li> </ul>
Mental health and Substance Abuse		<ul style="list-style-type: none"> <li>- Ensure reduced drug &amp; alcohol rates (HP/HCB)</li> <li>- Ensure our community has access to the resources necessary to prevent SA (HR/HL)</li> </ul>	<ul style="list-style-type: none"> <li>- Refugee &amp; Immigrant access to MH services</li> <li>- One Maine One Portland</li> <li>- Drug-Free Communities grants (Communities Promoting Health, 21 Reasons, and Shift GNG)</li> <li>- Depression &amp; chronic disease connection</li> <li>- HMP focus – underage drinking</li> </ul>	<ul style="list-style-type: none"> <li>- Behavioral health/ primary care integration (Maine Mental Health partners)</li> <li>- Improve outcomes for people with co-occurring disorders (Maine Mental Health Partners)</li> <li>- Prescription Monitoring Program outreach &amp; promotion</li> </ul>
Immunization	Flu & Pneumococcal Vaccination rates (potential coordinated communication topic on childhood imm?)	<ul style="list-style-type: none"> <li>- Ensure that all members of all ages in our community have the resources necessary to prevent illnesses such as flu and pneumonia (HP/HCB/HR/HL)</li> </ul>	<ul style="list-style-type: none"> <li>- Portland Public Health, Immunization program &amp; school-based health centers</li> </ul>	<ul style="list-style-type: none"> <li>- Childhood Immunization (MaineHealth Index priority)</li> <li>- CATCH grant- child immunizations in non-traditional settings</li> </ul>
Sexual health		<ul style="list-style-type: none"> <li>- Ensure our communities have access to the resources necessary to be sexually healthy (HR/HL)</li> </ul>	<ul style="list-style-type: none"> <li>- Portland Public Health &amp; USM Student Health collaborations, STD clinic, school-based health centers</li> </ul>	

CHNA	DPHIP	CHIPs	Other–community/public health	Other– health care system
Cardiovascular Disease	Blood pressure & cholesterol		- Chronic disease self-management HMPs- CDSM supports/211 Living Well- So Me Agency on Aging (broader than CVD)	- Reduce cardiovascular deaths (MaineHealth Index priority) - Collaborative Development Group (Community Healthcare Connections) - Reduce preventable hospitalizations (MaineHealth Index priority), telehealth initiatives (broader than CVD)
Obesity/PA/ Nutrition		- Ensure increased awareness of how increased PA & proper nutrition reduces risk of obesity (HP/HCB)	- HMP major focus - Let’s Go/5210 (schools & child care) - Public Health & Transportation Connection (PHiT) - CDPHC Community Transformation Grant (CTG) - Refugee & Immigrant nutrition education (UNE student project w/ MeCDC district PH unit & Healthy Portland)	- Reduce adult obesity (MaineHealth Index priority) - Child obesity - Let’s Go/5210 (Healthcare sector)
Tobacco	Tobacco	(see healthy environments strategic issue below)	- HMP major focus - Breathe Easy coalition - Hanley Ambassadors project on racial/ethnic/language data related to tobacco	- Reduce smoking prevalence (MaineHealth Index priority) - Tobacco cessation & treatment, Maine Tobacco Helpline (Center for Tobacco Independence)
<i>OTHER (not CHNA forum focus)</i>	Public health preparedness (Medical Reserve Corps)	- Ensure all members of the community live, work & play in healthy environments (HP/HCB)	- HMP minigrants – cancer screening, lead, injury prevention - CDPHC Health Equity workgrp - Portland Public Health grants – Children’s exposure to violence grant, environmental (PIPER) grant, Cities Readiness Initiative (CRI) - Domestic violence partnership (county initiative)	- Cancer screenings (MaineHealth Index priority) - Transitions of care - Hospital collection of Racial/Ethnic/Language data - Health IT & “Meaningful Use”

<b>DPHIP/ CHIP/ CHNA Priority</b>	<b>Contacts/Leads</b>	
Access to Care	Access to services/transportation - Healthy Lakes & Healthy Rivers CHiPs Public Health & Transportation Connection (PHiT) Access to primary care in the Lakes Region (DPHIP, CHNA) Greater Portland Refugee & Immigrant Health Care Collaborative PCMH Community Care Team Shared Interpreter Services Portland Public Health, Community-Clinical Partnerships & Community Health Outreach/Minority Health	<i>Zoe Miller &amp; Jenn Thibodeau</i>  <i>Zoe Miller, Elizabeth Trice, Val Landry</i> <i>Becca Matusovich</i> <i>Becca Matusovich</i> <i>Carol Zechman, Care Partners</i> <i>Dolly Hersom, United Way</i> <i>Toho Soma, Dr. Bankole</i>
Mental health and Substance Abuse	CHNA Follow-up Conversation on MH & SA Substance Abuse prevention, underage drinking, Prescription Monitoring Program outreach/promotion Depression & chronic disease (see 1/27 CDPHC minutes) Refugee & Immigrant access to mental health services	<i>Emily Rines &amp; Liz Blackwell-Moore</i> <i>HMPs, 21 Reasons</i>  <i>Liz Blackwell-Moore</i> <i>Becca Matusovich</i>
Immunization	Flu & Pneumococcal Vaccination Workgroup Childhood Immunizations	<i>B. Matusovich, Cathy Patnaude, Laurie Bagley</i> <i>Cassie Grantham, Deb Deatricks, MaineHealth</i>
Sexual health	Sexual Health - Healthy Lakes & Healthy Rivers CHiPs Portland Public Health – STD clinics, other initiatives	<i>Jenn Thibodeau &amp; Zoe Miller</i> <i>Caroline Teschke</i>
Cardiovascular Disease	Chronic Disease Self-Management Program/ Living Well CHNA Follow-up, Collaborative Development Group	<i>HMPs, Liz Weaver, Ted Trainer</i> <i>Jaclyn Morrill, Anne Tricomi</i>

<b>DPHIP/ CHIP/ CHNA Priority</b>	<b>Contacts/Leads</b>	
Obesity/PA/ Nutrition	<p>HMP work on obesity/PA/Nutrition</p> <p>Let's Go!/5210 – Schools, childcare, healthcare sector</p> <p>CDPHC Community Transformation Grant Refugee &amp; Immigrant Nutrition Education</p>	<p><i>Healthy Portland – Joan Ingram</i>  <i>Healthy Casco Bay – Anne Tricomi</i>  <i>Healthy Rivers – Jenn Thibodeau</i>  <i>Healthy Lakes – Zoe Miller</i>  <i>Deb Deatrick, Tory Rogers</i>  <i>Emily Rines, HMPs</i>  <i>Shane Gallagher, Becca Matusovich</i>  <i>Becca Matusovich, Bethany Sanborn</i></p>
Tobacco	<p>HMP work on tobacco</p> <p>CHNA Follow-up on Tobacco</p> <p>Breathe Easy (<i>tobacco-free hospitals, colleges, smokefree housing</i>)</p> <p>Hanley Disparities Ambassadors. Tobacco &amp; R/E/L data project</p> <p><i>Matusovich</i></p>	<p><i>HMPs (see above)</i>  <i>Claire Schroeder, Anne Tricomi</i>  <i>Sarah Mayberry</i>  <i>Jessica Loney, Dr. Bankole, Becca</i></p>
<i>OTHER</i>	<p>Public health preparedness - Medical Reserve Corps (see 1/27/12 CDPHC minutes)</p> <p>CDPHC Health Equity Workgroup</p> <p>Collection of Racial/Ethnic/Language data in hospitals</p> <p>Cities Readiness Initiative (CRI)</p> <p>Other Portland Public Health grants (violence, environmental health, etc)</p> <p>Domestic Violence Partnership</p>	<p><i>Jim Budway, Ron Jones</i></p> <p><i>Toho Soma</i>  <i>Jessica Loney, Dr. Bankole</i>  <i>Caity Hager</i>  <i>Julie Sullivan</i></p> <p><i>Faye Luppi, Cumberland County</i></p>

# Questions/Comments?



# Community Transformation Grant Update

Cumberland District Public Health  
Council

Nov 18, 2011

Becca Matusovich

## The Basic Overview:

- Federal funding established through the Affordable Care Act
- Maine CDC applied – statewide proposal in partnership with the 9 districts
- CDPHC (Executive Committee) submitted initial commitment to participate, identified Portland Public Health as fiscal agent
- Grant awarded is much smaller than budget proposed – scaled-back scope of work as a result
- Funding for each district:
  - \$90,000 per year for 5 years (assuming funding continues)
  - District Coordinating Council to oversee implementation through an “Oversight Sub-Committee” with a fiscal agent managing the contract on DCC’s behalf

# Accomplishments so far

- Established Oversight Sub-Committee: CDPHC Executive Committee, plus others who volunteered from CDPHC

Colleen Hilton

Toho Soma

Julie Sullivan

Deb Deatruck

Steve Fox

Valerie Landry

Becca Matusovich

Anne Tricomi

Emily Rines

Lucie Rioux

Elizabeth Trice

Bethany Sanborn

Karen O'Rourke

Sandra Hale

# Accomplishments so far

- Developed Memorandum of Understanding (MOU) to govern the relationship between the Council, the Oversight Sub-Committee, and the fiscal agent
- Encumbered contract between MeCDC and Portland Public Health
- Completed initial inventory
- Oversight Sub-Committee decided to select one optional objective (ACET) in addition to the two required objectives (Physical Activity & Nutrition)
- Drafted basic staffing structure:
  - Shane Gallagher to serve as lead district staff/contact responsible for grant coordination, reporting and communication (Year one ~15 hours/week)
  - Partners to be identified as lead for each objective, with responsibility for implementation

# CTG Physical Activity & Nutrition Objectives

- Increase the number of people with increased access to physical activity opportunities
  - increase the number of schools that provide a minimum of 30 minutes of Physical Activity during the school day
  - increase the number of licensed early care and education sites that meet national age appropriate standards for time spent in physical activity
- Increase the number of people with increased access to environments with healthy foods or beverage options
  - increase the number of schools that provide more healthy food and beverage options
  - increase the number of licensed early care and education sites that provide more healthy food and beverage options

# CTG Active Community Environment (ACE) Objective

- Increase the number of people with increased access to healthy and safe physical environments
  - increase the number of municipalities with committees or workgroups, formally established as Active Community Environment Teams, focused on improving and promoting active community environments

# Current tasks

- Oversight Sub-Committee met in February, with additional partners from Let's Go, Bicycle Coalition of Maine, HMP/Communities Putting Prevention to Work staff, etc.
- Began the process of developing Year One Workplan (due April 18<sup>th</sup>)
- Charged subgroups with discussing in more depth and coming back with proposed objectives & milestones/activities
- Oversight Sub-Committee meeting today to review initial draft of workplan objectives & milestones/activities

# Principles for workplan development

The Executive Committee developed the following principles to guide the workplan development:

- Year one milestones/activities may need to be more developmental or process-oriented, if foundational/planning work is needed before effective implementation activities can take place in Year Two.
- Proposed activities must be grounded in public health best practice.
- Proposed milestones/activities should produce deliverables/outcomes that are different and better than what the partners involved would be doing anyway without the CTG funding.
- Avoid duplication of effort – if one or more organizations are already doing the same work in the district, use the pre-existing capacity to the greatest extent possible
- Supplanting is prohibited – we cannot replace state funds with CTG funds to do the same work

# Principles for workplan development, cont.

- Look for ways to maximize the district's capacity for sustainable progress, and opportunities to leverage additional resources toward the same objectives. Coordinating with other funding sources that would be there anyway is desirable, but recruiting additional/new funds to extend the impact of the CTG funds is even better.
- Consider how the proposed activities can address health equity and reduce disparities; how might we identify priority “targets” for implementation to increase health equity and reduce disparities.
- Although there may be a natural desire for “fairness” among partners who are used to working together, our primary goal is not a workplan that distributes the funding equally amongst the partners but rather a workplan that is best for the district as a whole and that will achieve the most progress possible on the objectives.
- This grant is about “community transformation” – even though the amount of funding may be relatively small, we are looking for strategies with the potential for significant impact and that can be integrated across the three objectives.

# Timeline of key CTG dates

3/16/12	Oversight Sub-committee meeting
Wk of 4/9	Schedule additional Oversight Sub-Committee meeting (in place of 4/23 meeting?) to work on workplan
4/18/12	Deadline for workplan submission
4/23/12	Oversight Sub-Committee meeting (will be cancelled if workplan is already submitted)
5/14-15	CTG Action Institute (statewide) – CTG staff coordinator + two other district reps
5/18/12	Oversight Sub-committee meeting following CDPHC meeting
5/31/12	Active Community Environments Conference
6/25/12	Oversight Sub-committee meeting before Exec Committee
6/28/12	Deadline for Assessment of District Capacity & Baseline data for evaluation
9/29/12	First grant year ends

# Council Feedback

- Questions?
- Comments?
- Concerns?
- Other thoughts???
- Is this the kind of update you would like at future meetings?

*Current Contacts/Leads for collaborative work on district priorities*

*3/16/12 CDPHC*

<b>DPHIP/ CHIP/ CHNA Priority</b>	<b>Contacts/Leads</b>	
Access to Care	Access to services/transportation - Healthy Lakes & Healthy Rivers CHIPs	<i>Zoe Miller &amp; Jenn Thibodeau</i>
	Public Health & Transportation Connection (PHiT)	<i>Zoe Miller, Elizabeth Trice, Val Landry</i>
	Access to primary care in the Lakes Region (DPHIP, CHNA)	<i>Becca Matusovich</i>
	Greater Portland Refugee & Immigrant Health Care Collaborative	<i>Becca Matusovich</i>
	PCMH Community Care Team	<i>Carol Zechman, Care Partners</i>
	Shared Interpreter Services	<i>Dolly Hersom, United Way</i>
	Portland Public Health, Community-Clinical Partnerships & Community Health Outreach/Minority Health	<i>Toho Soma, Dr. Bankole</i>
Mental health and Substance Abuse	CHNA Follow-up Conversation on MH & SA	<i>Emily Rines &amp; Liz Blackwell-Moore</i>
	Substance Abuse prevention, underage drinking, Prescription Monitoring Program outreach/promotion	<i>HMPs, 21 Reasons</i>
	Depression & chronic disease (see 1/27 CDPHC minutes)	<i>Liz Blackwell-Moore</i>
	Refugee & Immigrant access to mental health services	<i>Becca Matusovich</i>
Immunization	Flu & Pneumococcal Vaccination Workgroup	<i>Becca Matusovich, Cathy Patnaude, Laurie Bagley</i>
	Childhood Immunizations	<i>Cassie Grantham, Deb Deatrck, MaineHealth</i>
Sexual health	Sexual Health - Healthy Lakes & Healthy Rivers CHIPs	<i>Jenn Thibodeau &amp; Zoe Miller</i>
	Portland Public Health – STD clinics, other initiatives	<i>Caroline Teschke</i>
Cardiovascular Disease	Chronic Disease Self-Management Program/ Living Well	<i>HMPs, Liz Weaver, Ted Trainer</i>
	CHNA Follow-up, Collaborative Development Group	<i>Jaclyn Morrill, Anne Tricomi</i>

*Current Contacts/Leads for collaborative work on district priorities*

*3/16/12 CDPHC*

<b>DPHIP/ CHIP/ CHNA Priority</b>	<b>Contacts/Leads</b>	
Obesity/PA/ Nutrition	<p>HMP work on obesity/PA/Nutrition</p> <p>Let's Go!/5210 – Schools, childcare, healthcare sector</p> <p>CDPHC Community Transformation Grant</p> <p>Refugee &amp; Immigrant Nutrition Education</p>	<p><i>Healthy Portland – Joan Ingram</i> <i>Healthy Casco Bay – Anne Tricomi</i> <i>Healthy Rivers – Jenn Thibodeau</i> <i>Healthy Lakes – Zoe Miller</i></p> <p><i>Deb Deatrack, Tory Rogers</i> <i>Emily Rines, HMPs</i></p> <p><i>Shane Gallagher, Becca Matusovich</i></p> <p><i>Becca Matusovich, Bethany Sanborn</i></p>
Tobacco	<p>HMP work on tobacco</p> <p>CHNA Follow-up on Tobacco</p> <p>Breath Easy Coalition <i>(tobacco-free hospitals, colleges, smokefree housing)</i></p> <p>Hanley Disparities Ambassadors. Tobacco &amp; R/E/L data project</p>	<p><i>HMPs (see above)</i></p> <p><i>Claire Schroeder, Anne Tricomi</i></p> <p><i>Sarah Mayberry</i></p> <p><i>Jessica Loney, Dr. Bankole, Becca Matusovich</i></p>
<i>OTHER (not CHNA forum focus)</i>	<p>Public health preparedness (Medical Reserve Corps) <i>(see 1/27/12 CDPHC minutes)</i></p> <p>CDPHC Health Equity Workgroup</p> <p>Collection of Racial/Ethnic/Language data in hospitals</p> <p>Cities Readiness Initiative (CRI)</p> <p>Other Portland Public Health grants <i>(violence, environmental health, etc)</i></p> <p>Domestic Violence Partnership</p>	<p><i>Jim Budway, Ron Jones</i></p> <p><i>Toho Soma</i></p> <p><i>Jessica Loney, Dr. Bankole</i></p> <p><i>Caity Hager</i></p> <p><i>Julie Sullivan</i></p> <p><i>Faye Luppi, Cumberland County</i></p>

# WORK IN PROGRESS – NOT A COMPLETE INVENTORY

3/16/12 CDPHC

Cumberland CHNA Forum topic	DPHIP (District Public Health Improvement Plan)	CHIPs (Community Health Improvement Plans, using MAPP process)	Other major collaborations community/public health partners (incl. health care)	Other major collaborations – health care system/ hospitals/providers
Access to Care	<p>Access</p> <p>Potential focus points?</p> <ul style="list-style-type: none"> <li>- Rural (esp. Lakes Region) access to primary care</li> <li>- Racial/ethnic/language access, data</li> <li>- Islands?</li> <li>- Young adults?</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure access to health services among all populations (HP/HCB)</li> <li>- Ensure all community members have the education, transportation &amp; resources necessary to access the full range of health-related services and supports (HR/HL)</li> </ul>	<ul style="list-style-type: none"> <li>- Greater Portland Refugee &amp; Immigrant Health Care Collaborative</li> <li>- Shared interpreter services initiative</li> <li>- Public Health &amp; Transportation Connection (PHiT)</li> <li>- 211, Keep ME Well</li> </ul>	<ul style="list-style-type: none"> <li>- Patient Centered Medical Home Community Care Teams</li> <li>- Portland Public Health Community Health Outreach Workers at Mercy, MMC Cancer Center, and Portland Community Health Center</li> <li>- UNE Dental School &amp; FQHCs</li> </ul>
Mental health and Substance Abuse		<ul style="list-style-type: none"> <li>- Ensure reduced drug &amp; alcohol rates (HP/HCB)</li> <li>- Ensure our community has access to the resources necessary to prevent SA (HR/HL)</li> </ul>	<ul style="list-style-type: none"> <li>- Refugee &amp; Immigrant access to MH services</li> <li>- One Maine One Portland</li> <li>- Drug-Free Communities grants (Communities Promoting Health, 21 Reasons, and Shift GNG)</li> <li>- Depression &amp; chronic disease connection</li> <li>- HMP focus – underage drinking</li> </ul>	<ul style="list-style-type: none"> <li>- Behavioral health/ primary care integration (Maine Mental Health partners)</li> <li>- Improve outcomes for people with co-occurring disorders (Maine Mental Health Partners)</li> <li>- Prescription Monitoring Program outreach &amp; promotion</li> </ul>
Immunization	<p>Flu &amp; Pneumococcal Vaccination rates</p> <p>(potential coordinated communication topic on childhood imm?)</p>	<ul style="list-style-type: none"> <li>- Ensure that all members of all ages in our community have the resources necessary to prevent illnesses such as flu and pneumonia (HP/HCB/HR/HL)</li> </ul>	<ul style="list-style-type: none"> <li>- Portland Public Health, Immunization program &amp; school-based health centers</li> </ul>	<ul style="list-style-type: none"> <li>- Childhood Immunization (MaineHealth Index priority)</li> <li>- CATCH grant- child immunizations in non-traditional settings</li> </ul>
Sexual health		<ul style="list-style-type: none"> <li>- Ensure our communities have access to the resources necessary to be sexually healthy (HR/HL)</li> </ul>	<ul style="list-style-type: none"> <li>- Portland Public Health &amp; USM Student Health collaborations, STD clinic, school-based health centers</li> </ul>	

**WORK IN PROGRESS – NOT A COMPLETE INVENTORY**

**3/16/12 CDPHC**

<b>CHNA</b>	<b>DPHIP</b>	<b>CHIPs</b>	<b>Other–community/public health</b>	<b>Other– health care system</b>
Cardiovascular Disease	Blood pressure & cholesterol		<ul style="list-style-type: none"> <li>- Chronic disease self-management HMPs- CDSM supports/211 Living Well- So Me Agency on Aging (broader than CVD)</li> </ul>	<ul style="list-style-type: none"> <li>- Reduce cardiovascular deaths (MaineHealth Index priority)</li> <li>- Collaborative Development Group (Community Healthcare Connections)</li> <li>- Reduce preventable hospitalizations (MaineHealth Index priority), telehealth initiatives (broader than CVD)</li> </ul>
Obesity/PA/ Nutrition		<ul style="list-style-type: none"> <li>- Ensure increased awareness of how increased PA &amp; proper nutrition reduces risk of obesity (HP/HCB)</li> </ul>	<ul style="list-style-type: none"> <li>- HMP major focus</li> <li>- Let’s Go/5210 (schools &amp; child care)</li> <li>- Public Health &amp; Transportation Connection (PHiT)</li> <li>- CDPHC Community Transformation Grant (CTG)</li> <li>- Refugee &amp; Immigrant nutrition education (UNE student project w/ MeCDC district PH unit &amp; Healthy Portland)</li> </ul>	<ul style="list-style-type: none"> <li>- Reduce adult obesity (MaineHealth Index priority)</li> <li>- Child obesity - Let’s Go/5210 (Healthcare sector)</li> </ul>
Tobacco	Tobacco	(see healthy environments strategic issue below)	<ul style="list-style-type: none"> <li>- HMP major focus</li> <li>- Breathe Easy coalition</li> <li>- Hanley Ambassadors project on racial/ethnic/language data related to tobacco</li> </ul>	<ul style="list-style-type: none"> <li>- Reduce smoking prevalence (MaineHealth Index priority)</li> <li>- Tobacco cessation &amp; treatment, Maine Tobacco Helpline (Center for Tobacco Independence)</li> </ul>
<i>OTHER (not CHNA forum focus)</i>	Public health preparedness (Medical Reserve Corps)	<ul style="list-style-type: none"> <li>- Ensure all members of the community live, work &amp; play in healthy environments (HP/HCB)</li> </ul>	<ul style="list-style-type: none"> <li>- HMP minigrants – cancer screening, lead, injury prevention</li> <li>- CDPHC Health Equity workgrp</li> <li>- Portland Public Health grants – Children’s exposure to violence grant, environmental (PIPER) grant, Cities Readiness Initiative (CRI)</li> <li>- Domestic violence partnership (county initiative)</li> </ul>	<ul style="list-style-type: none"> <li>- Cancer screenings (MaineHealth Index priority)</li> <li>- Transitions of care</li> <li>- Hospital collection of Racial/Ethnic/Language data</li> <li>- Health IT &amp; “Meaningful Use”</li> </ul>

# ***WORK IN PROGRESS – NOT A COMPLETE INVENTORY***

***3/16/12 CDPHC***

Acronyms:

CHNA	Community Health Needs Assessment
CDPHC	Cumberland District Public Health Council
HMP	Healthy Maine Partnership
HP	Healthy Portland (HMP) - Portland
HCB	Healthy Casco Bay – Falmouth, Gray, New Gloucester, Pownal, Freeport, Yarmouth, North Yarmouth, Cumberland, Chebeague Island, Long Island (+ Brunswick & Harpswell with Access Health)
HR	Healthy Rivers (South Portland, Cape Elizabeth, Scarborough, Gorham, Westbrook)
HL	Healthy Lakes (Baldwin, Bridgton, Casco, Harrison, Naples, Raymond, Sebago, Standish, Windham)

## CTG Roles (as described in MOU)

### Cumberland District Public Health Council

- Establish a sub-committee (referenced herein as the DCC CTG Sub-committee) that will be responsible for oversight of grant implementation at the District level; the sub-committee should have diverse District representation and the role of the lead fiscal agent in the Sub-committee must be agreed upon by the Executive Committee of the DCC
- Include regular updates on Executive Committee and full council agendas, and provide input to ensure that the work of the grant is in the interest and representative of the whole District

### Becca Matusovich, MCDC District Liaison

- Act as a facilitator to integrate CTG staff /efforts into the District and to assure that CTG informs and is coordinated with the District's processes and activities
- In conjunction with the district CTG Oversight Sub-Committee and fiscal agent, provide CTG staff with orientation to the public health system, including the DCC, Public Health Unit, and other key stakeholders in the district.
- In collaboration with the fiscal agent and CTG staff, provide leadership for and participate in the Oversight Sub-Committee, as a non-voting member.

### CDPHC CTG Oversight Sub-Committee

- Working with the lead CTG staff person (Shane), the fiscal agent, and District Liaison, develop an inventory, workplan, staffing plan, and budget that will support implementation of objectives and strategies across the district
- Promote coordination within the District of activities related to CTG grant deliverables
- Review narrative reports developed by District CTG staff
- Organize CTG-related workgroups as needed to implement the workplan
- Oversee and support the work of the Lead CTG Staff person and partners on the 3 objectives

### Portland Public Health, CTG fiscal agent

- Enter into a contract with Maine CDC that will provide funding to implement the work under the grant
- Manage the funds on behalf of the CDPHC
- Employ and supervise staff and/or consultants to fulfill the staff roles
- Provide orientation regarding agency functions and HR requirements, and to district public health system (in collaboration with the District Liaison)
- Establish sub-contracts as needed with other partners to carry out the workplan approved by the Oversight Sub-Committee and the state CTG Leadership Team
- In collaboration with the District Liaison and CTG staff, provide leadership for and participate in the Oversight Sub-Committee, as a non-voting member

### Shane Gallagher (15 hrs/wk on CTG), CDPHC Lead CTG Staff person

- In collaboration with the fiscal agent and District Liaison, provide leadership for and participate in the Oversight Sub-Committee, as a non-voting member.
- Act as the District point person for state staff to coordinate with (i.e., items related to grant deliverables and expectations, evaluation, and reporting requirements)
- Develop narrative reports to meet all state and federal reporting requirements, to be reviewed by the Oversight Sub-Committee
- Support local partners in implementing or leveraging the state-level policy work achieved through the grant in addition to or aligned with existing HMP workplans
- Manage sub-contracts with lead partners on each of the three objectives

### Lead partners on each of the three objectives:

- Lead the development and implementation of the district CTG workplan (which must be approved by the CDPHC Oversight Sub-Committee and the state CTG Leadership Team)
- Work with the Lead CTG Staff person to meet all reporting requirements

CDPHC GR1124

as of 3/13/12

		Annual	YTD	YTD
		Budget	Expenses	Balance
01 10	Salaries	\$36,267	\$23,230	\$13,037
02 10	Fringe	\$10,303	\$6,599	\$3,704
20 00	Administrative Services	\$0	\$0	\$0
20 10	Postage	\$0	\$0	\$0
20 20	Travel/training/meetings	\$500	\$500	\$0
20 25	Goodwill Meals	\$0	\$0	\$0
20 30	Indirect Costs	\$4,046	\$2,592	\$1,454
35 00	Contractual Services	\$0	\$0	\$0
35 10	Advertising	\$0	\$0	\$0
35 30	Mileage	\$500	\$0	\$500
35 50	Lab Medical	\$0	\$0	\$0
35 60	Printing/Binding	\$500	\$31	\$469
35 76	Transportation expense	\$0	\$0	\$0
45 10	Land and Building	\$0	\$0	\$0
55 20	Supplies all other	\$9,187	\$136	\$9,051
55 25	Event Supplies	\$0	\$0	\$0
55 50	Medical Supplies	\$0	\$0	\$0
55 60	Minor Equipment	\$0	\$0	\$0
55 70	Office Supplies	\$1,000	\$0	\$1,000
63 41	Cell Phones	\$0	\$0	\$0
	<b>Total</b>	<b>\$62,303</b>	<b>\$33,088</b>	<b>\$29,215</b>

**Contributions to Date**

FY11 Carryover	\$12,547
Cumberland Co.	\$15,000
City of Portland	\$10,303
HMPs	\$9,453
MaineHealth	\$7,500
Mercy	\$5,000
VNA	\$2,500
<b>Total</b>	<b>\$62,303</b>