



Cumberland District Public Health Council
Full Council Meeting
November 16, 2012
10:00 p.m. — 12:00 p.m.
MaineHealth
110 Free Street, Portland

Present: Deb Deatruck, Colleen Hilton, Valerie Landry, Becca Matusovich, Bernice Mills, Karen O’Rourke, Cathy Patnaude, Emily Rines, Lucie Rioux, Toho Soma, Ashley Soule, Julie Sullivan, Ted Trainer, Anne Tricomi, Helen Twombly ; Shane Gallagher ; Nancy Birkhimer, Kate Colby, Dennis Fitzgibbons, Caity Hager, Liz Horton, Alex Hughes, Ralph Johnston, Jessica Loney, Emily Weston

Absent: Neal Allen, Jim Budway, Faye Daley, Steve Fox, Megan Hannan, Paul Hunt, Helen Peake-Godin, Erica Schmitz, Pamela Smith, Peter Stuckey, Carol Zechman.

Topic	Discussion	Actions
Council Business <i>New Member Slate:</i>	The Council reviewed the slate of new members prepared by the Membership Committee (see Appendix A).	The Council held a vote to approve the slate of new members. Move to Approve: Colleen Hilton Motion Second: Emily Rines Results: Yes—15 No—0; Approved.
<i>Council Finances:</i>	The Council reviewed the Council year-to-date financial report (see Appendix B).	No action required.
<i>Health on the Move:</i>	Toho Soma and Becca Matusovich provided a handout detailing the Health	No action required.

Topic	Discussion	Actions
<i>Hospital Awards:</i>	<p>Equity Work Group’s “Health on the Move” pilot project (see Appendix C).</p> <p>Kate Colby presented awards to representatives of Bridgton and Mid Coast Hospitals for reaching high proportions of employees receiving flu shots.</p>	No action required.
State Health Assessment Presentation	<p>Nancy Birkhimer presented the preliminary findings from the State Health Assessment for Cumberland District (see Appendix D).</p> <p>After the presentation the Council discussed the data, offered suggestions, and speculated on future uses of the completed data.</p>	No action required.
District Public Health Improvement Plan Priorities Discussion	<p>Becca Matusovich presented information to set the stage for the priority discussion (see Appendix E).</p> <p>The Council discussed possible topics as District Priorities including pertussis, tobacco, STD’s, and many others.</p>	<p>Becca Matusovich and Shane Gallagher will analyze input from the Council and fill it into the prioritization matrix.</p> <p>Council members can email Shane or Becca any additional priorities they think should be included for review.</p>

Next Meeting: Full Council—January 18, 2013 from 10:00 a.m. — 12:00 p.m. at TBD ; Executive Committee—December 17, 2012 from 1:00 p.m. — 3:00 p.m. at City Hall, State of Maine Room, 389 Congress Street, Portland.



Slate

November 16, 2012

10:00 a.m. — 12:00 p.m.

MaineHealth, MMA
110 Free Street, Portland

New Members

- ❖ **Liz Horton**
Westbrook Local Health Officer
Sector: Local Health Officer
 - ❖ **Amanda Sears**
Associate Director, Environmental Health Strategy Center
Sector: Environmental Health Organization
 - ❖ **Dennis Fitzgibbons**
Alpha One
Sector: Disability Organization
 - ❖ **Jessica Loney**
Mid Coast Hospital
Sector: Health Care Provider
 - ❖ **Paul Niehoff**
PACTS
Sector: Other At-Large Member
-

**FY13 Cumberland District Public Health Council Finances
(as of 11/14/12)**

Code	Line Item	Budget	Spent	Balance
01 10	Salaries	\$32,305	\$9,733	\$22,572
02 10	Fringe	\$9,249	\$2,787	\$6,462
20 20	Travel/training/meetings	\$500		\$500
20 30	Indirect Costs	\$5,486	\$1,320	\$4,166
35 30	Mileage	\$500		\$500
55 20	Supplies all other	\$12,305	\$1,997	\$10,308
	Total	\$60,345	\$15,837	\$44,508

FY13 Contributions to Date

FY12 Carryover	\$15,038
Cumberland County	\$33,307
Healthy Maine Partnerships	\$8,000
CarePartners/MaineHealth	\$4,000
Total	\$60,345

Health on the Move: CDPHC update 11/16/12

“Health on the Move” is a collaborative initiative of the Cumberland District Public Health Council (CDPHC), designed to address the Council’s District Public Health Improvement Plan priorities. It is a mobile health access project that brings health resources into community settings to break down barriers that limit access to preventive health services and screenings for vulnerable populations. The primary goal of Health on the Move is to reduce health disparities by bringing health resources to the communities where the target population lives. Health on the Move events are planned by a team including Council members, local organizations that know and serve the target population, and members of the community themselves. The team uses tools that draw on emergency preparedness approaches, so that in the process of planning these events, we are building the capacity of the district public health system to quickly plan similar events that might be needed to address specific health needs in an emergency situation.

Led by the CDPHC Health Equity Workgroup, Health on the Move was first piloted at Portland Housing Authority’s Riverton Park on Friday October 19, 2012 from 4:00-6:00 pm. Evaluation results from the first pilot event included:

<p>Health on the Move contributes to progress on the District Public Health Improvement priorities, particularly the priority of increasing access to screenings, preventive services, medical homes, and health promotion services</p> <ul style="list-style-type: none"> ✓ Gave 64 flu shots ✓ Conducted 33 blood pressure screenings ✓ Provided health information and referral resources to at least 59 adults ✓ 83% of partners stated that the event increased access “very much” and 17% “somewhat” 	<p>We can create Health on the Move events with the limited resources, time, and funding available</p> <ul style="list-style-type: none"> ✓ Planning team convened on 9/11/12 and organized the event in less than 6 weeks ✓ The Council sponsored about \$1,200 in direct costs, with about \$1,000 contributed by other partners (plus additional in-kind contributions) ✓ 28 staff participated from partner organizations ✓ 11 student volunteers assisted with stations and about 40 more students organized children’s activities <p>78% of partners rated the event “very successful” and 22% rated it “somewhat successful”</p>
<p>Health on the Move engages our target audience of vulnerable populations</p> <ul style="list-style-type: none"> ✓ Riverton Park is home to 139 families, 72% of the heads of households originate from a country other than the United States and 97% earn less than \$30,000 annually¹. ✓ 89% of partners reported that the event was worth their time because it helps address health disparities 	<p>Health on the Move results in positive new or enhanced partnerships and collaboration among partners</p> <ul style="list-style-type: none"> ✓ 94% of partners said that participating in the event was worth their time ✓ 67% of partners reported that one of the reasons it was worth their time was because it helps develop partnerships that will be beneficial in the future ✓ 50% of the partners reported that one of the reasons it was worth their time was because it helps address one or more of their organization’s strategic objectives ✓ 100% of partners said they would participate in another Health on the Move event

¹ Source: Portland Housing Authority, July 2012

The second pilot Health on the Move event is currently in the planning stages – it will take place on December 3rd, 2012 in Casco. Involvement in this event confirmed as of 11/16/12 includes the following (and still growing):

- Planning team led by Zoe Miller (Healthy Lakes/Opportunity Alliance), Joanna Moore (Crosswalk Outreach), and Becca Matusovich (Maine CDC)
- Partners include: Bridgton Hospital, CarePartners, Crooked River Adult and Community Education Center, Cumberland County Government, From The First Tooth, Maine CDC, Maine Families, MaineHealth, Portland Public Health, Southern Maine Agency on Aging, Tri-County Mental Health Services, University of New England, VNA Home Health & Hospice/Mercy
- Stations planned:
 - Physical activity, Nutrition education, Weight management
 - Blood pressure screening
 - Diabetes risk assessment
 - Flu shots
 - Children’s Oral Health
 - Cancer (breast & cervical, colorectal, skin cancer screening resources)
 - Healthy Homes
 - Referral for primary care and other health care services
 - Living Well & Managing Stress (including referrals for mental health and addictions)
 - Southern Maine Area Agency on Aging programs
 - Parenting resources
 - General health information resource table, food, and children’s activities

Health on the Move



**Monday,
December 3rd,
from 11am-2pm**
At Crooked River Adult and
Community Education Center,
1437 Poland Spring Road,
Casco
A FREE EVENT!
Free lunch | 11:30-12:30
Door Prizes

<p>Offerings include flu shots, blood pressure screenings, diabetes assessments, depression screenings, cancer screening programs</p>	<p>Resources on getting active, managing stress, treating addictions, accessing healthy foods, keeping a healthy home, parenting skills, accessing health care</p>
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Partners Include: Bridgton Hospital, CarePartners, Crooked River Adult and Community Education Center, Cumberland County Government, The First Tooth, Maine CDC, Maine Families, MaineHealth, Portland Public Health, Southern Maine Agency on Aging, Tri-County Mental Health Services, University of New England, VNA Home Health & Hospice/Mercy

Sponsored by the Cumberland District Public Health Council in collaboration with Communities Promoting Health Coalition at the Opportunity Alliance and Crosswalk Community Outreach.
Questions? Call Zoe Miller at 553-5939

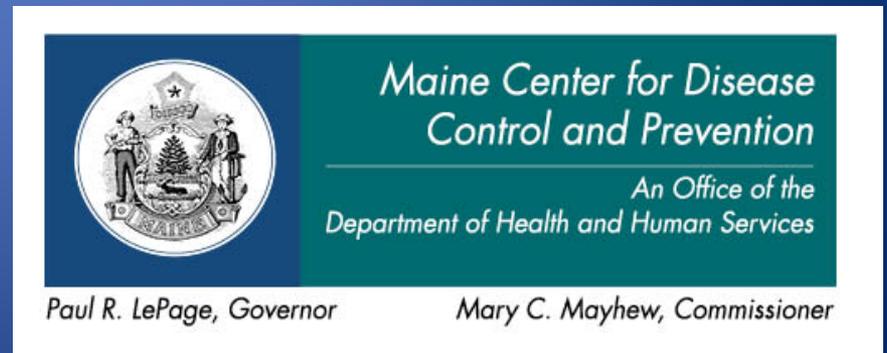


CHILDREN'S ACTIVITIES PROVIDED BY SAINT JOSEPH'S COLLEGE

Cumberland District Coordinating Committee State Health Assessment Presentation

November 16, 2012

Nancy Birkhimer
Director of Public Health
Performance Improvement
nancy.birkhimer@maine.gov

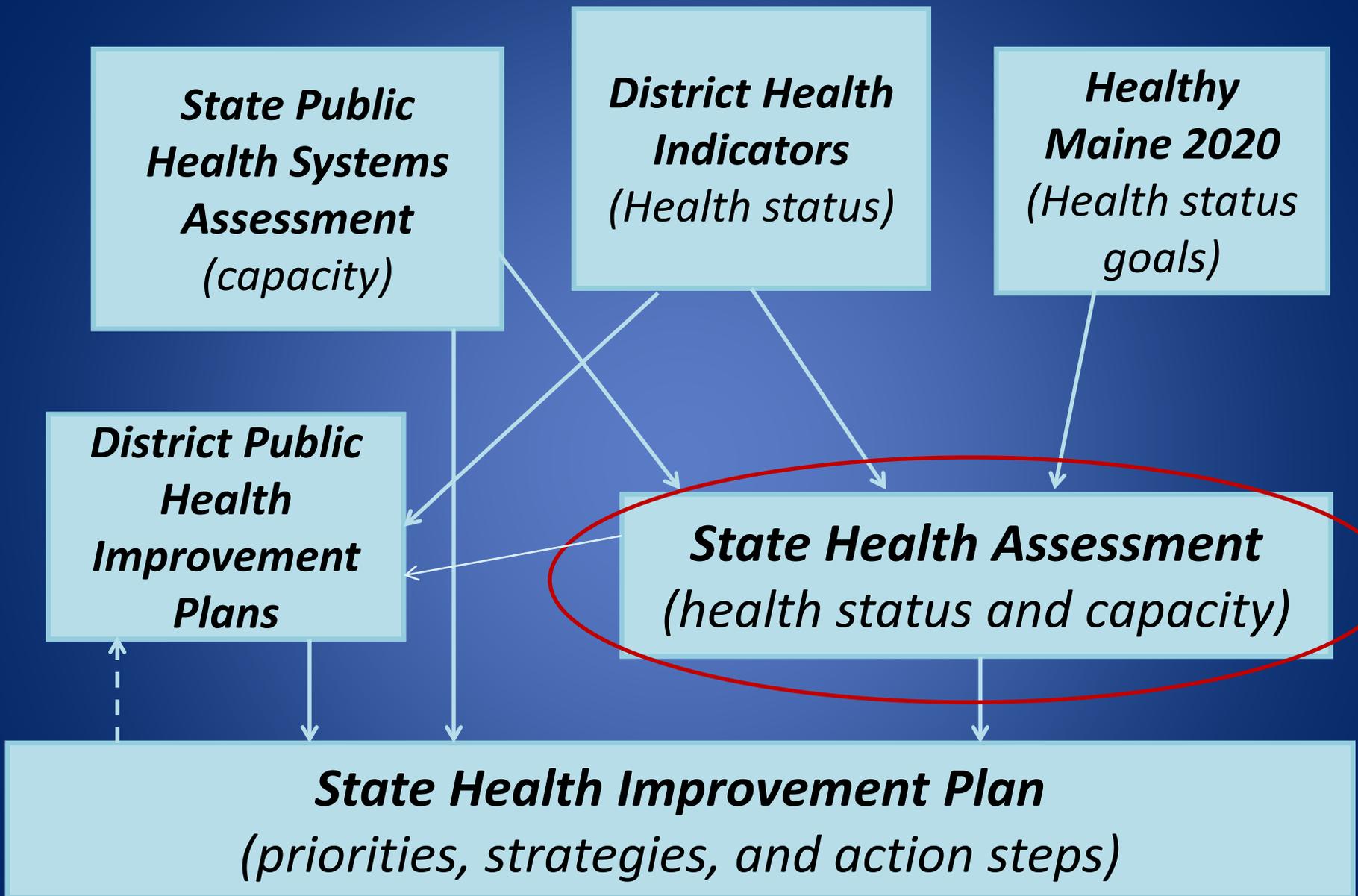


State Health Assessment Purpose

- Provide a population health status overview for Maine
- Set the stage for our State Health Improvement Plan to be completed by July 2013.

The SHIP will also be informed by:

- The State Public Health Systems Assessment
- District Public Health Improvement Plans
- Maine CDC's Strategic Plan



Accreditation Requirements

progress thus far

- Follow a state or national model: MAPP (modified)
 - Form a committee.
 - Utilize of a core indicator set (we reviewed 17).
 - Identify indicators (167 selected).
 - Organize and analyze the data.

Accreditation Requirements

still to be done

- Follow a state or national model: MAPP (modified)
 - Establish a system to monitor the data over time.
 - Identify challenges and opportunities related to health status (part of SHIP).
- Document “assets” as well as health status: we will primarily draw from the State Public Health Systems Assessment for this.

Data Included:

- 167 indicators in 22 topic areas:
 - Demographics
 - SES measures
 - General Health Status
 - Access
 - Health Care Quality
 - Environmental Health
 - Occupational Health
 - Emergency Preparedness

Data included

- 167 indicators in 22 topic areas:
 - Cardiovascular Health
 - Respiratory Health
 - Cancer
 - Diabetes
 - Physical Activity, Nutrition and Weight
 - Substance Abuse
 - Tobacco Use

Data Included:

- 167 indicators in 22 topic areas:
 - Maternal and Child Health
 - (includes reproductive health, birth defects and children with special health needs)
 - Unintentional Injury
 - Intentional Injury
 - Mental Health
 - Oral Health
 - Immunization
 - Infectious Disease

Data Included

- Health status, behavior, or determinant
 - Not public health capacity
 - Not a measure of policy or strategy
 - Example: physical activity, but not physical education mandate
- High-level “summary” measure:
 - Captures the bigger picture
 - Example: infant mortality, but not neonatal or post-neonatal mortality

Data Included

- Existing data
 - Routinely collected
 - Will be available in the future.
 - Consistent with Maine CDC program requirements (existing analyses).

Excluded

- Indicators with no Maine data
- Indicators “outside of scope”:
 - Policies & laws
 - Public health strategies
 - Capacity indicators

Data included

- Where possible and applicable:
 - County and public health district.
 - Gender, race, ethnicity, and age (state level only).
 - Some breakdowns by educational status, income, sexual orientation, depending on the data source (state level only).
 - Years may be aggregated in some cases.

Data Presentation

- Tables available on the Maine CDC website (coming soon):
 - www.maine.gov/dhhs/mcdc/phdata/sha
 - Site will be active in November 2012
- Selected district data
- Other formats to be determined

Data Presentation

- District Data Briefs:
 - 75 indicators
 - Linked to the “Call to Action” data
 - Expanded to include other topic areas
 - County Public Health District, State, and National comparisons.
 - Some significant differences noted.

Data Limitations

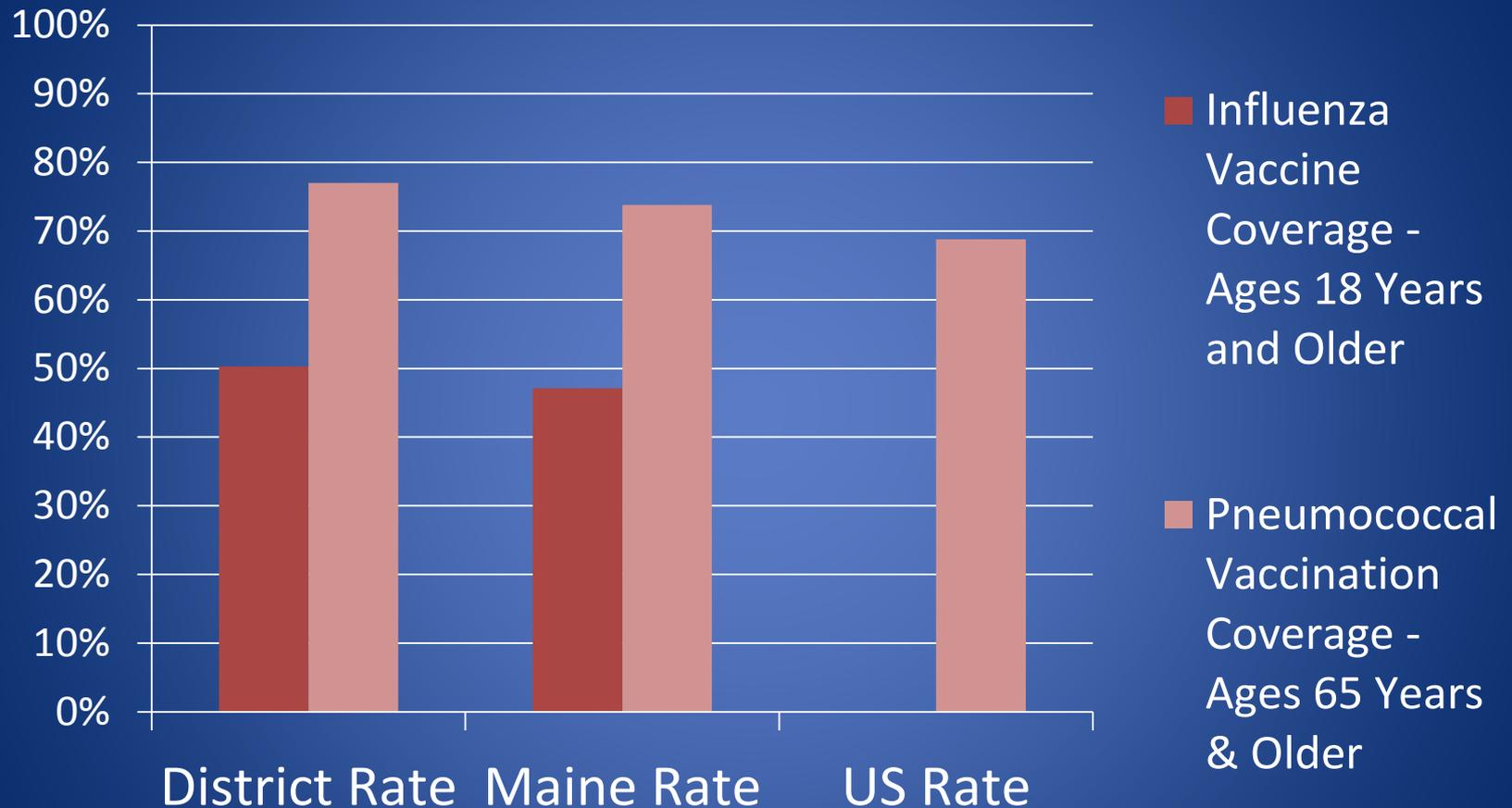
- Health status does not change quickly.
- Most recent data is not “this year”
- Some data have limited trends, due to changes in data collection or methodology
- Some data required using multiple years, due to small numbers.
- Some county data is not available, due to some numbers

Data Limitations

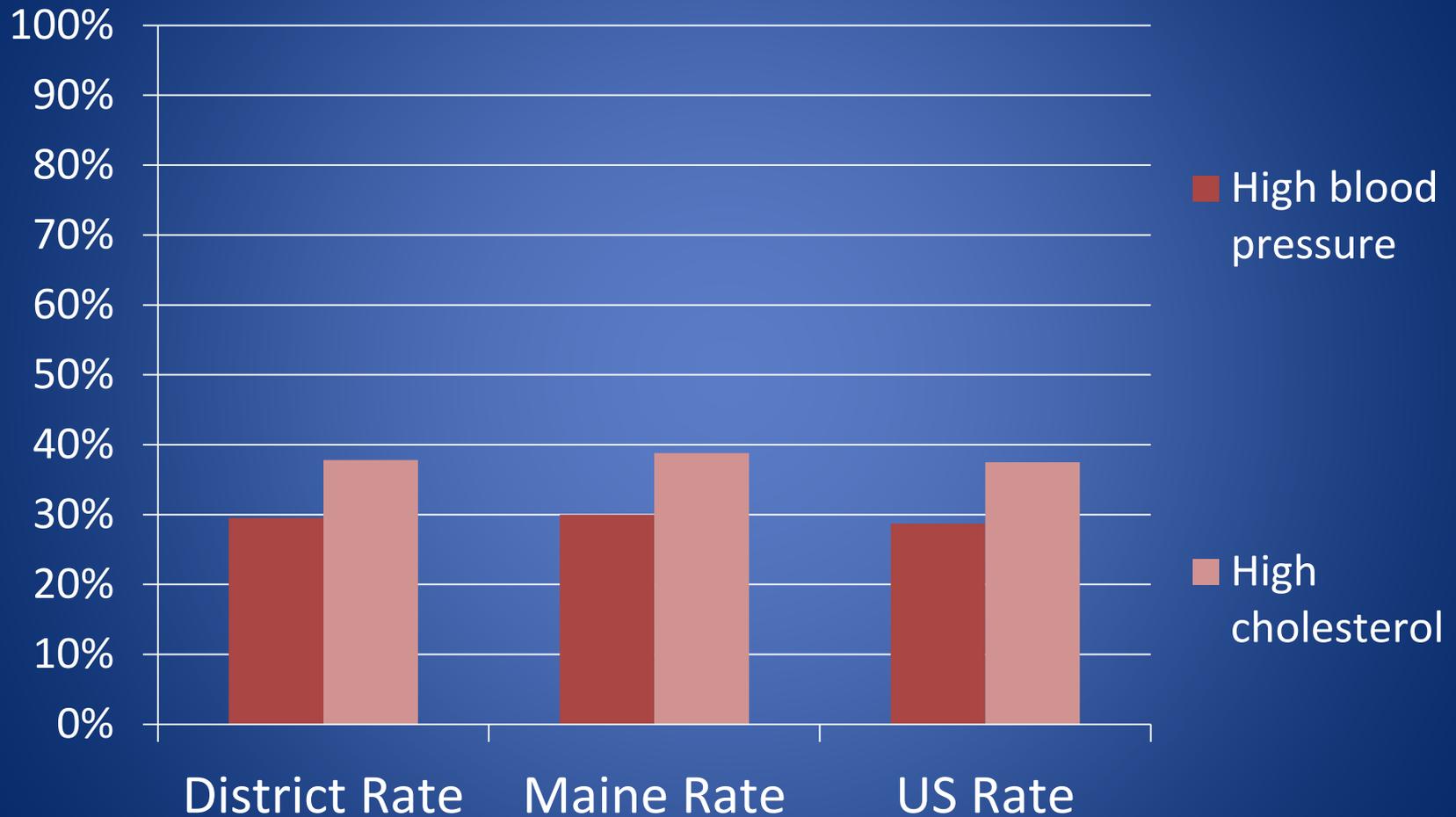
- Significant differences are based on confidence intervals, which are not always available.
- Some state and national data have different years available, and therefore are not comparable.
- Some of the national data sources use different methodologies and therefore are not comparable.

Cumberland District Data

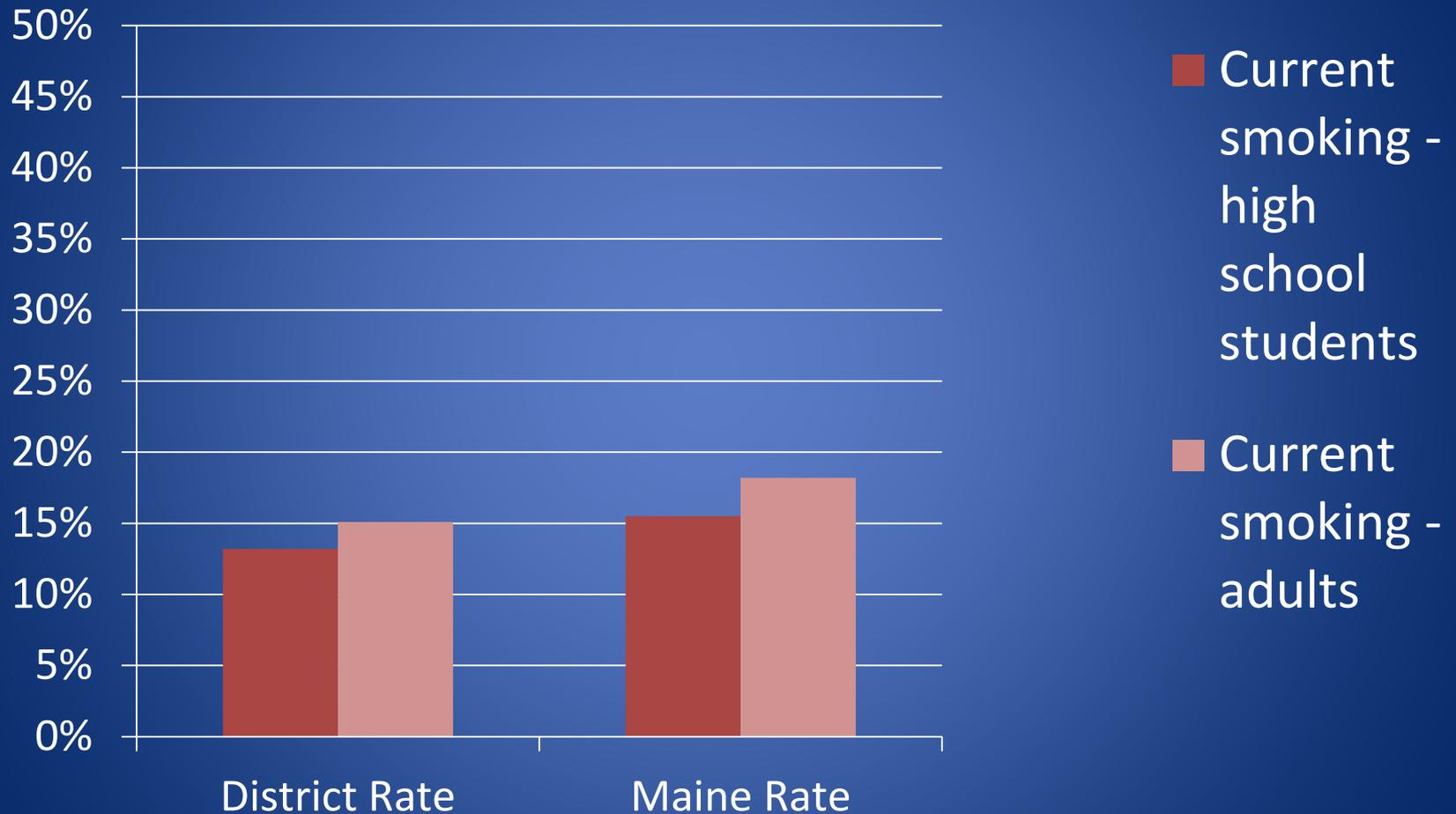
Current DPHIP Priorities



Current DPHIP Priorities

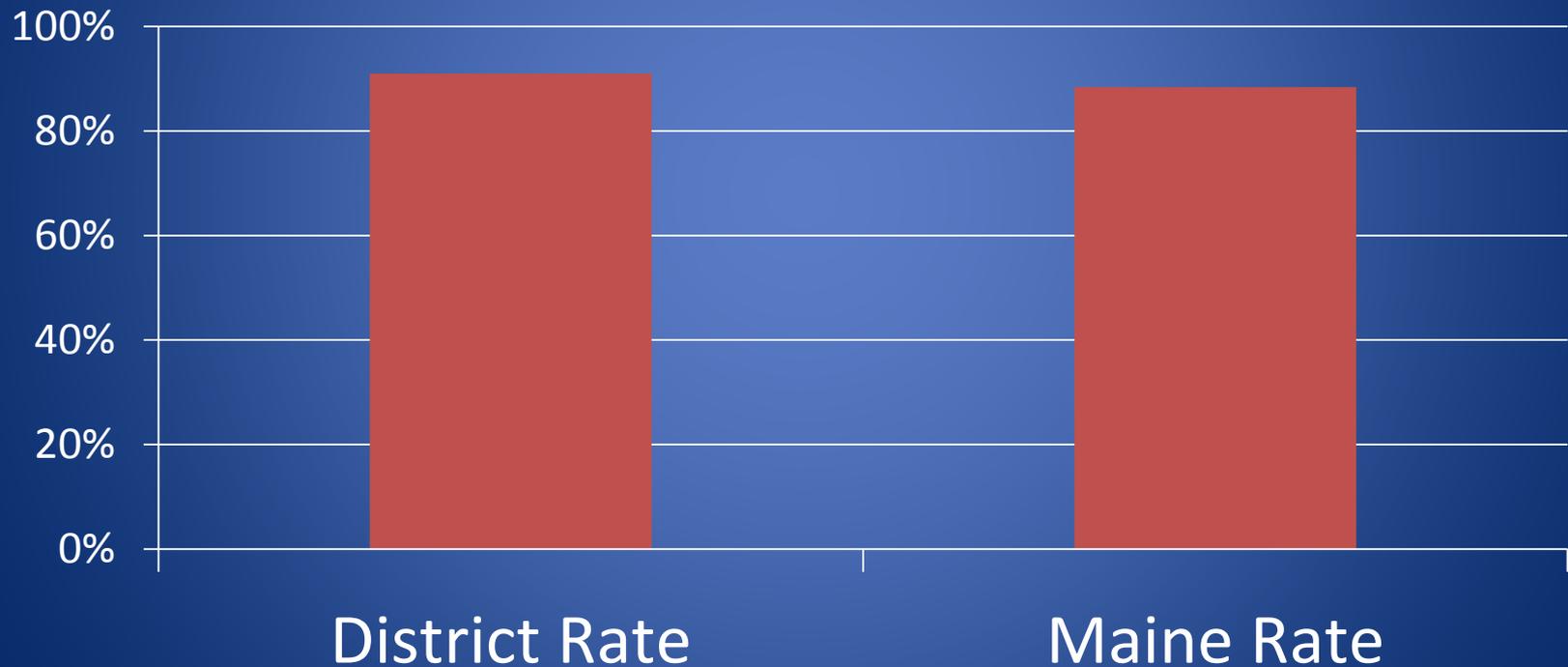


Current DPHIP Priorities



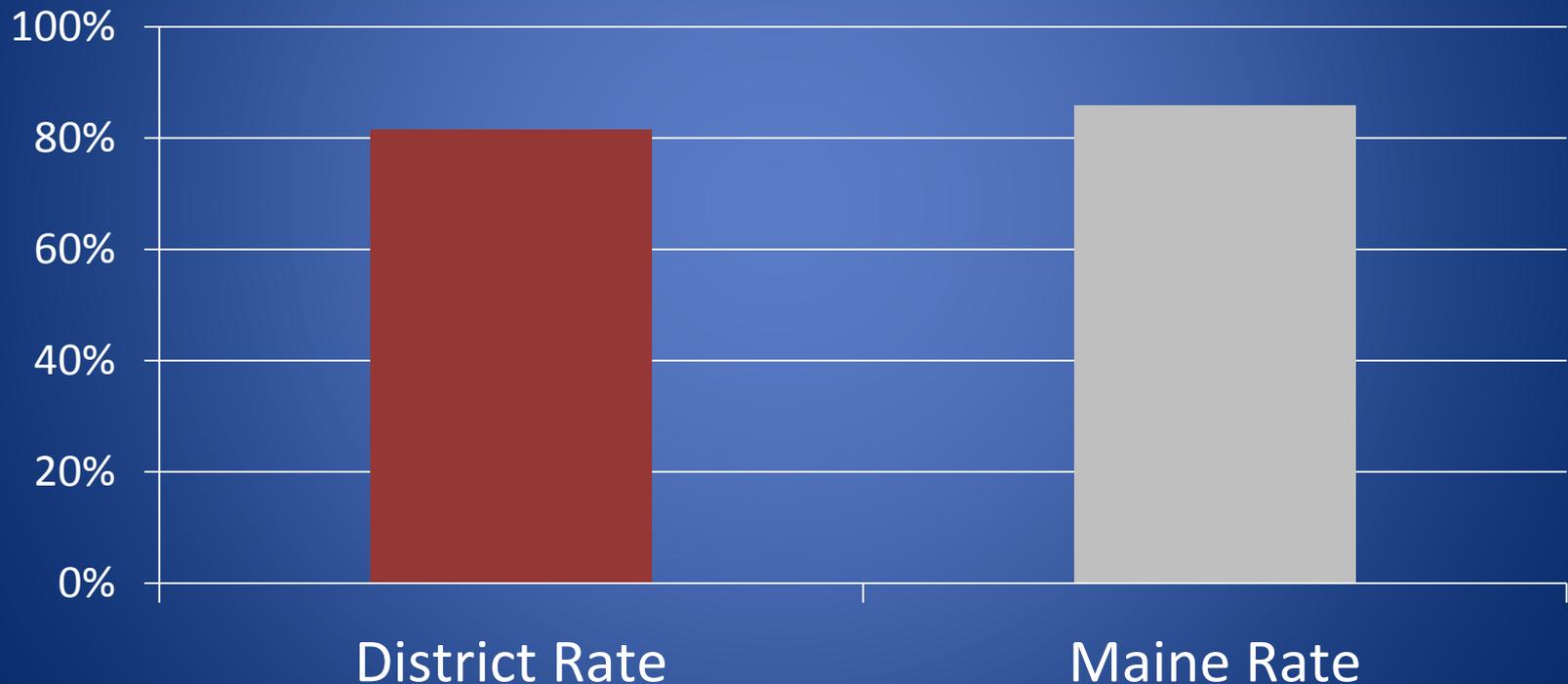
Current DPHIP Priorities

Proportion of persons with a usual primary care provider



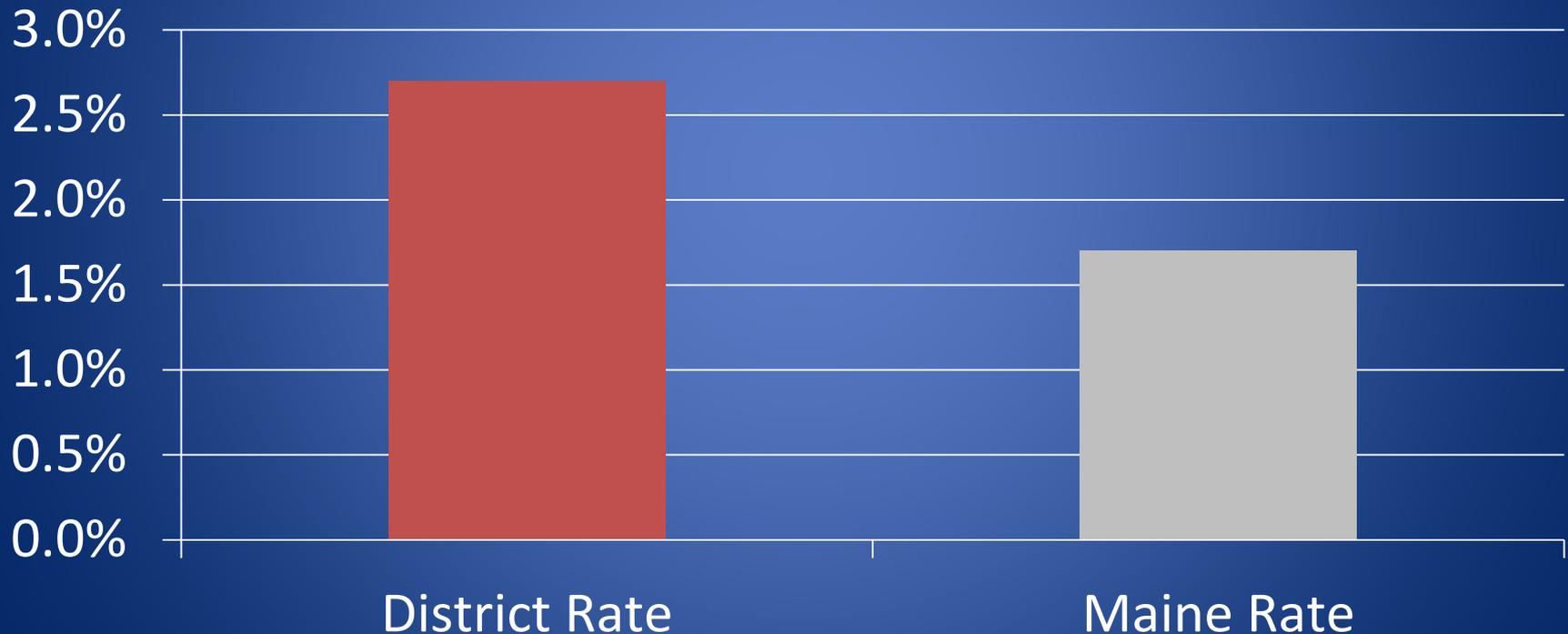
District Differences:

Live births, for which the mother received early & adequate prenatal care

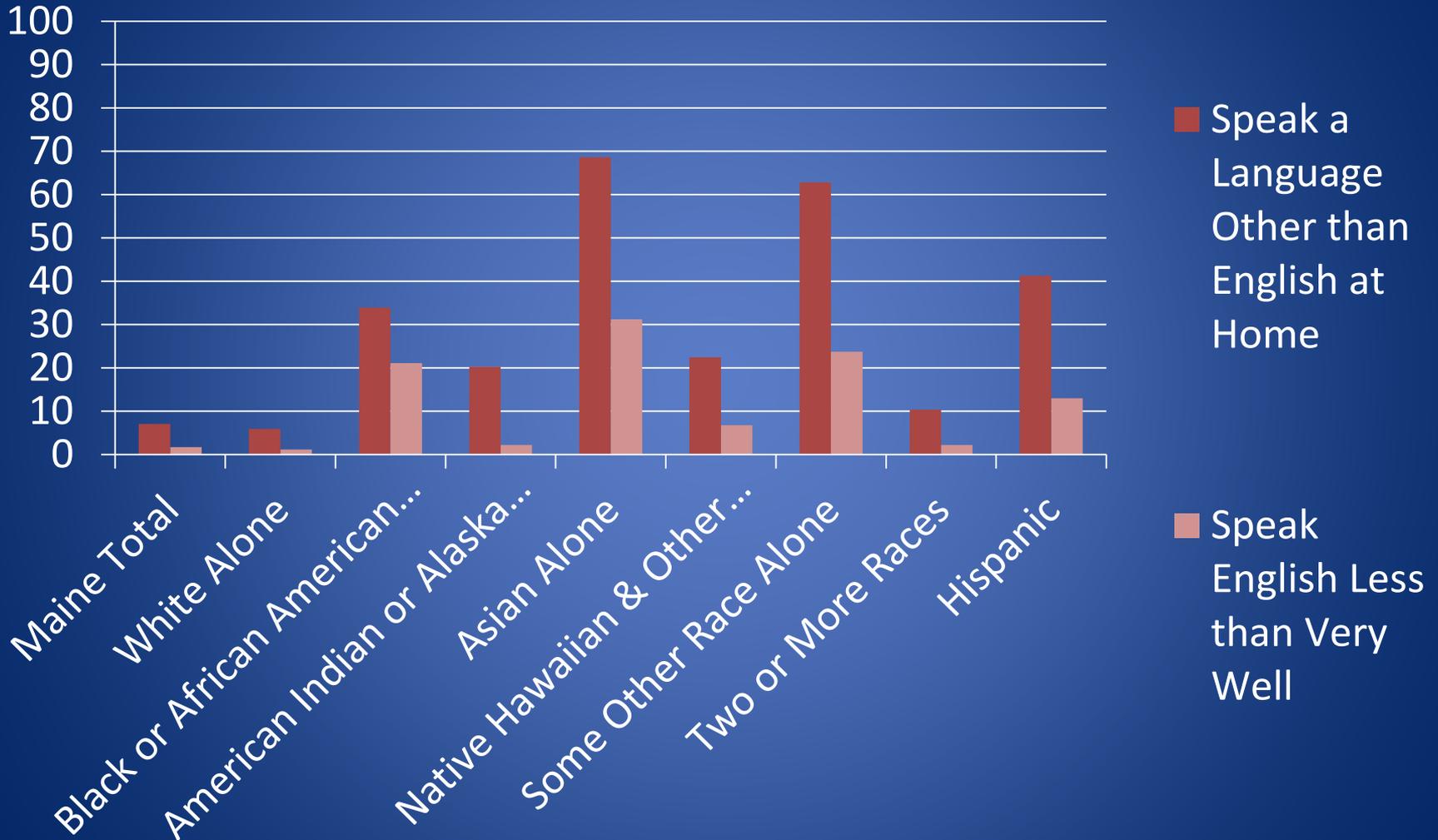


District Differences:

People who speak English less than very well, >5 years



District Differences:



Disparities within the District

- Some additional disparities may be extrapolated from the state data
 - Race & ethnicity
 - Gender, sexual orientation, age, income, education
- Additional disparities are known from other reports (not analyzed in the SHA)
 - Rural/urban
 - Other Social determinants
- Without additional resources, further analysis may be limited.

Racial Disparities

- **21%** of Maine people live in Cumberland County
- **43%** of all Black/African Americans in Maine live in Cumberland County
- **43%** of all Asian Americans in Maine live in Cumberland County
- **36%** of those of “other races” in Maine live in Cumberland County
- **25%** of those of “two or more races” in Maine live in Cumberland County

Selected Disparities for Black/African American Mainers

- Limited data: BRFSS, MIYHS, Vital records
- Language barriers may reduce survey responses
- Small numbers cause wide confidence intervals and suppression

Selected Disparities for Black/African American Mainers

- In some cases expected disparities are not there:
 - Chronic disease incidence, deaths, and risk factors
- Leading causes of death: Unintentional Injuries are ranked 3rd (5th for Maine overall)

Selected Disparities for Black/African American Mainers

- Maternal and Child Health:
 - Low birth weight, pre-natal care, unintended births, infant mortality
- Unintentional Injury:
 - youth seatbelt use
- Sexually Transmitted Diseases:
 - HIV, Chlamydia, Hepatitis B, Gonorrhea

Selected Disparities for Asian American Mainers

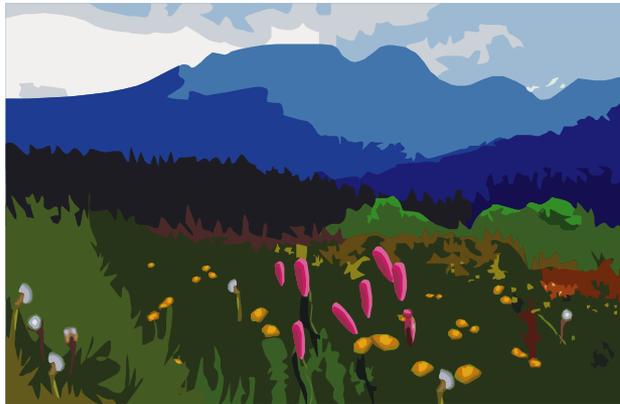
- Data is even more limited for this group
- Greatest language barriers
- Most indicators show health equity, or Asians doing better than Whites.
- Years of potential Life Lost:
 - Cancer is higher;
 - Unintended injury is lower;
 - Heart Disease is lower

Other Resources for Additional District Data

- Maine Environmental Public Health Tracking Network
- Burden of Disease/Injury on Specific Topics
- Maine CDC Infectious Disease Reports
- County Health Rankings
- Kids Count
- Substance Abuse Profiles
- Public Health Emergency Hazard and Vulnerability Scores (in development)

Questions?

Selecting priorities for the 2013-14 Cumberland District Public Health Improvement Plan



CDPHC meeting - November 16, 2012

Becca Matusovich

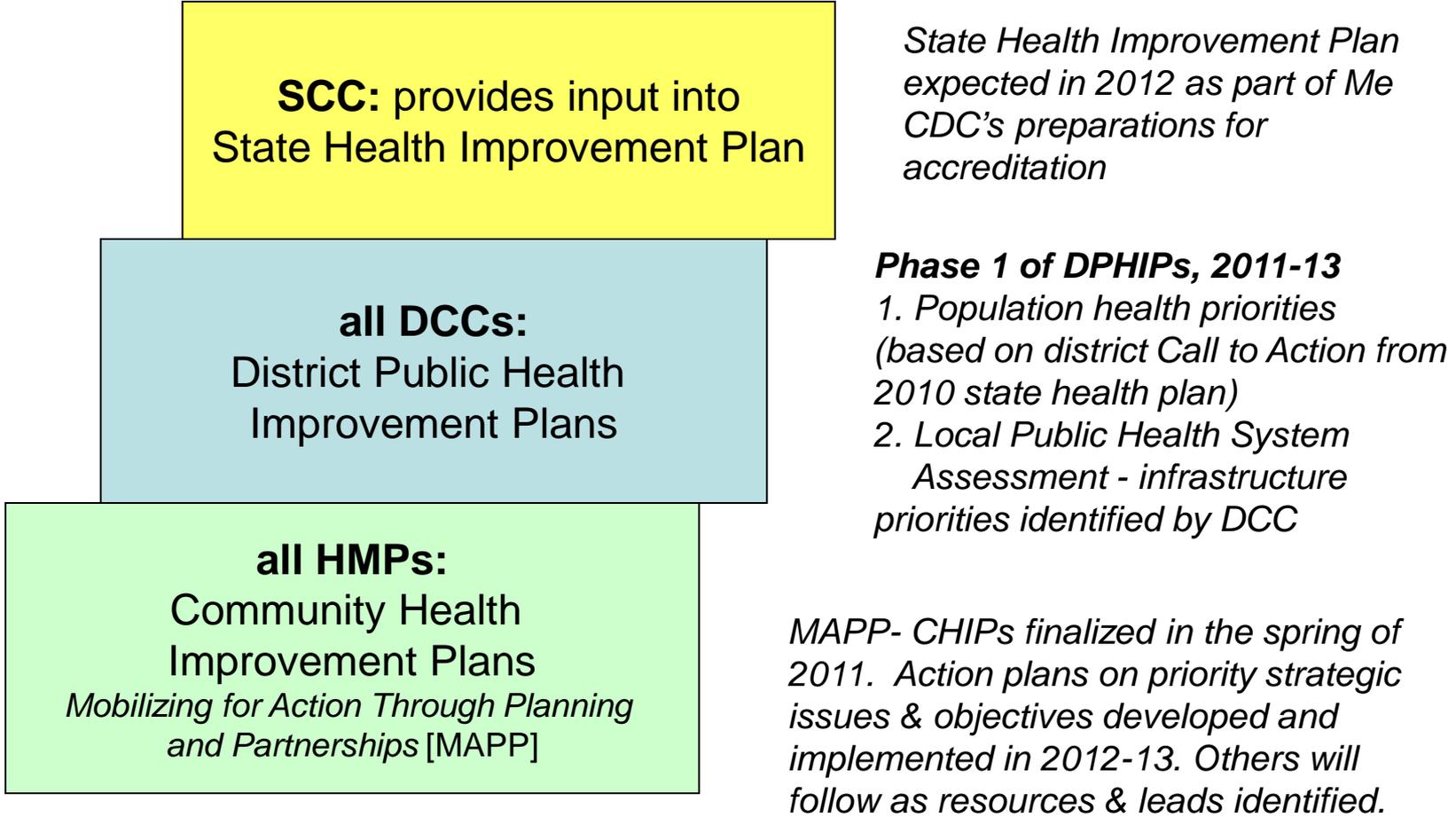
Cumberland District Public Health Liaison,
Maine CDC

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 key Population Health Indicators
- Address other district priorities if identified



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



I don't understand how it works,
but it's called leverage -
it makes you stronger
than you really are.



- *Curious George*

Priorities selected for the 2012-2013 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

Other issues that have generated Council interest and collaboration in the last year+:

- Health Equity (CDPHC workgroup)
- Mental Health & Substance Abuse (CHNA)
- Obesity/physical activity/nutrition (CTG, Let's Go, PHiT, HMP CHIPs)
- Community planning/housing/transportation/Public Health intersection (Sustain Southern Maine HUD grant)
- Healthy Homes/Environmental Health (PIPER, LHOs, Breathe Easy, HMP CHIPs)

CHNA=Community Health Needs Assessment (MaineHealth)

CTG=Community Transformation Grant

PHiT=Public Health & Transportation Connection

HUD=Housing & Urban Development

LHOs=Local Health Officers

HMP CHIPs = Healthy Maine Partnership Community Health Improvement Plans

What does it mean for something to be a DPHIP priority?

Council commitment:

- ✓ Ensure core leadership and backbone support for a workgroup
- ✓ Council members join the workgroup if the priority aligns with your organization's goals/objectives, help engage others
- ✓ Assist with implementation of strategies based on specific requests from workgroup
- ✓ Monitor progress through verbal/written updates at Council meetings

Workgroup commitment:

- ✓ Creates a logic model and workplan to lay out collaborative objectives, strategies, activities
- ✓ Meets regularly/as needed to implement strategies & activities
- ✓ Requests Council assistance with specific strategies/activities
- ✓ Reports back to the Council on a regular basis

Proposed criteria for 2013-14 priorities:

Same criteria as last time, especially:

- Opportunity to build capacity on EPHS 3, 4, & 7
- Good “bang for the buck”, i.e. cost-effective evidence-based strategies exist
- CDPHC is the best vehicle for leveraging collective action

Plus, in order to be selected, a potential priority must demonstrate the 3 pre-conditions for “Collective Impact”:

- Influential champions (core leadership for workgroup)
- Sense of urgency (Data, community/partner concern & energy)
- Adequate resources
 - Workgroup participation
 - Backbone support

We may want to consider two “tiers” of DPHIP priorities

Tier One: Council “leads”

Council members provide core leadership & backbone support, workgroup is directly tied to the Council structure



Tier Two: Council “supports”

Meets the criteria and warrants selection as a DPHIP priority, but another collaborative group already exists that is a natural lead for this priority. The Council makes the same level of commitment, except that core leadership and backbone support are not coming from Council members.

Next steps and decision process

□ Today's discussion:

1. Are there any new priorities that you want to propose for consideration based on the district data profile presented today and/or other previous assessments (see #2 above?)
2. Are there any current DPHIP priorities that we should consider retiring (i.e. no longer meet the original criteria or the pre-conditions for Collective Impact)
3. Does this process work? Other thoughts or questions?

Next steps and decision process

- ❑ Executive Committee meeting on Dec 17th
 - consider potential priorities suggested today and assess whether they meet the criteria and the pre-conditions
- ❑ An email survey may be used to assess commitments for workgroup participation, backbone support, or other criteria/pre-conditions
- ❑ Full Council meeting in January:
Exec Committee will propose priorities with rationale for selection, for full Council vote



Thanks for your input!



If there is anything you didn't get a chance to say today, please feel free to email Becca, Shane, or any Executive Committee member!