



# Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

<b>District: Cumberland</b>	<b>Date: 6/14/12</b>
<p><b>Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at:</b>  <a href="http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml">http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</a></p>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>○ Community Health Needs Assessment (CHNA) Forums – developed an approach to integrating the follow-up from the forums with the ongoing work on the DCC's DPHIP and the HMPs' CHIPs, using the Council as the communication mechanism to cross all planning and collaborative priorities.</li> <li>○ Impact of the state budget on public health infrastructure in the district</li> <li>○ Community Transformation Grant-Revised budget and finalized work plans due June 30.</li> </ul>	
<p><b>Progress with District Public Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>○ Flu workgroup meeting monthly through the spring &amp; summer with focus on 3 strands of work (school clinics, ensuring access for vulnerable populations through adult public clinics, and coordinated communications/promotion of flu vaccination.</li> <li>○ Access to Care – has been a major focus of the Greater Portland Refugee &amp; Immigrant HealthCare Collaborative, with active workgroups on mental health, dental care, vision care, primary care, and nutrition education.</li> <li>○ PH Preparedness – work is focused on participating with the EMA in the development of the MRC, and partnering with Cities Readiness Initiative to build/maintain both vaccination and communications infrastructure for use in both routine public health activities and also for special deployment in emergencies</li> <li>○ Work on our other DPHIP priorities (tobacco, BP &amp; Cholesterol, Access to Care) is now picking up momentum, thanks to boost provided by the CHNA community forums in January.</li> </ul> <p>The major barrier encountered is the lack of sufficient available staff (or resources to fund staff time) to play a leadership &amp; convening role on all of the priorities, especially given the overlap in participants/workgroup members across the different priorities – as a result, the convening on the various priorities needs to be staged, in order to avoid overwhelming people with too many workgroups simultaneously.</p> <p>The flu workgroup has scaled back its workplan this year due to the financial pressures facing the key players in the workgroup, most of whom are having to cut back both on their broader community health initiatives and on their flu clinics specifically.</p>	

Cumberland District

22 M.R.S. §412 (2011).

A. A district coordinating council for public health shall:

- (1) Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation; and
- (4) Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence-based manner possible.

A-1. The tribal district coordinating council shall:

- (1) Participate as appropriate in department district-level activities to help ensure the tribal public health system in the tribal district is ready and maintained for tribal public health accreditation; and
- (2) Ensure that the national goals and strategies for health in tribal lands and the tribal district health goals and strategies are aligned and that tribal district health goals and strategies are appropriately tailored for each tribe and tribal health department or health clinic



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## **Progress with Community Transformation Grant:**

- Oversight Sub-Committee has met once (April) and next meeting is scheduled for June 25, 2012
- Two subgroups (1 for PA & Nutrition objectives, 1 for ACE objective) presented draft work plans to Oversight Sub-Committee and Council
- Staff coordinator, DL, and others participated in 3 Technical Assistance calls (April, May, June)
- Staff coordinator and objective leads attended the CTG Action Institute (May 14 & 15)
- Staff coordinator, DL, and objective leads assisted state staff with development of the workplan guidance
- Staff coordinator volunteered to participate in CTG coordinator subgroup to examine use of Wikis for collaborative communication between Districts
- Objective leads are finalizing work plans for submission at the end of June
- Staff Coordinator and Fiscal Agent revised CTG Budget, ready for submission

## **Structural and Operational changes, including updates in membership.**

New Council Chair: Toho Soma

New Council Vice Chair: Colleen Hilton (interim for one year)

New Council Secretary: Julie Sullivan (re-elected)

## **In-district or multi-district collaborations:**

We have developed a “Collaborations chart” as a simple mechanism to track all substantial collaborative initiatives or groups on the district priorities (DPHIP, CHIP, and/or CHNA priorities). This will provide a way to keep council members apprised of what collaborations exist that they may want to engage with, with leads offering “report-outs” and requests for input/assistance on a rotating basis through Council meeting agendas.

Emerging strands of work within “Access to Care” DPHIP priority may lead to collaboration with Western district, particularly in relation to access to primary care in the Lakes Region (connections with Oxford County?), and access to health services for refugees & immigrants (connections with Lewiston area?).

## **Other topics of interest for SCC members:**

Cumberland District Representatives (Steve Fox and Becca Matusovich) and Staff (Shane Gallagher) participated in the SCC By-laws work group, which reviewed the draft by-law recommendations.

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