



Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Cumberland	Date: 3/22/12
<p>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: http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> ○ Community Health Needs Assessment 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. ○ Impact of the state budget on public health infrastructure in the district ○ Formation of Cumberland Medical Reserve Corps – EMA leading, collaborating with the Council 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> ○ Flu workgroup reconvening March 21st for 2012 – plans to continue focus on 3 strands of work (school clinics, ensuring access for vulnerable populations through adult public clinics, and coordinated communications/promotion of flu vaccination. ○ PH Preparedness – work is focused on participating with the EMA in the development of the MRC. ○ Work on our other DPHIP priorities (tobacco, BP & Cholesterol, Access to Care) is just beginning, with a major boost provided through the CHNA community health forums held in January. <p>The major barrier encountered is the lack of sufficient available staff (or resources to fund staff time) to play a leadership & convening role on all of the priorities, plus the overlap in likely 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 will likely be scaling back its work 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>	

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1

Date

 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 three times (Jan, Feb, March)
- Two subgroups (1 for PA & Nutrition objectives, 1 for ACE objective) formed to draft district workplan
- Staff coordinator role beginning in mid-March (projected to be 15 hours/week with implementation “leads” identified for PA-N and ACET milestones/activities to lead the work on each section of the workplan)

The process of developing the structure for collaborative design and oversight has been labor-intensive but valuable for the Council’s development. We are fortunate that all key partners have been willing to put the time in for extra meetings and email communication in order to get the workplan, budget, and staffing/implementation figured out.

Structural and Operational changes, including updates in membership.

New Membership Committee Chair = Emily Rines, United Way of Greater Portland

New Council members: Anne Tricomi, Healthy Casco Bay (and HMP rep on Exec Committee, rotating on in place of Lucie Rioux)

In-district or multi-district collaborations:

A recently formed “Public Health & Transportation” (PHIT) committee will be serving as the advisory group for the ACET work under CTG grant – the group’s membership partially reflects a broader Cumberland-York coverage area, and group is interested in expanding in order to truly consider both counties – potential for collaboration on ACET objective across the two?

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:

Sharon Leahy-Lind attended 3/16 meeting, shared information on the re-organization of the Maine CDC Division of Local Public Health.

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