

Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 06/2012

District: Western Date: 2012

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

Ongoing or upcoming projects or priority issues:

- New District Liaison, Jamie Paul was hired and started on May 1, 2012.
- Growing DCC membership to represent a comprehensive panel of stakeholders from a variety of sectors throughout the three counties within the Western region.

Progress with District Public Health Improvement Plan:

- Flu shot campaign Focus groups were convened with employers of all types throughout the District. As a result of the information collected by these focus groups informational flu packets addressing benefits and risks to receiving a flu shot, myth busters, and dates and times of the flu clinics in the district have been assembled and are ready to be disseminated at the beginning of the 2012 flu season.
- District Database: Collaboration with Oxford County Wellness Collaborative in the design of an
 active collaboration tool that is being implemented district wide. The program is currently being
 tested by a leadership team in order to be rolled out in June 2012 for use as an internal
 communication amongst all providers in the Western District. This tool will facilitate communication
 through online work groups, post links to evaluations and studies, as well as, share upcoming
 events.

Progress with Community Transformation Grant:

- Steering Committee and Oversight Committee have been separated into two distinct groups.
 Meetings will occur on the same date with Steering Committee to be the first portion and Oversight Committee to follow.
- Coordinator, Karen White, was hired and began work on June 1, 2012.
- Identifying list of stakeholders for each piece (Nutrition, Physical Activity, and ACETs). Developing plan to reach out to the established groups to request representation on the work teams.

Structural and Operational changes, including updates in membership.

 Community Collaborative for families – child welfare, Children's Behavioral Health, Spurwink and Sweetser – about 50 orgs are on the mailing list and about 30 people show up for the meeting each month. Interested in seeing how the networks will work – can we tie this in with the DCC and the CTG initiatives.

District Name	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 triba and tribal health department or health clinic



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In-district or multi-	district o	collaborations:
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District Database: collaborating with Central District on this initiative.

Other topics of interest for SCC members	
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District Name	2	Date

22 M.R.S.§412 (2011).

A. A district coordinating council for public health shall:

A-1. The tribal district coordinating council 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.

⁽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 tribal health department or health clinic