Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: February 1, 2013

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

- DCC bylaws revisions and vote to approve
- Dates of note in Aroostook District:
  - 4/03/13 Quality Counts Annual Conference
  - 4/12/13 Aroostook DCC Steering Committee Meeting
  - 4/23-24/13 Maine Partners in Emergency Preparedness Conference
  - 4/25-26/13 CTG Action Institute
  - 5/03/13 Aroostook DCC Meeting
  - 5/10/13 Aroostook County Affordable Care Act Conference

Ongoing or upcoming projects or priority issues:

- Continue District Public Health Improvement Plan discernment process
- Lyme Disease presentation discussion

Progress with District Public Health Improvement Plan:

- Whether activities were able to be completed on schedule
  - District Priorities established based upon Essential Public Health Services (EPHS #3, 4,7 and on a limited basis 8,9,10)
  - EPHS Sub-standards prioritized for EPHS #3,4,and 5
- Successes achieved
  - Community Care Team / Patient Centered Medical Home presentations conducted by EMH and AMHC to afford DCC members the opportunity to learn about how these projects are being implemented in Aroostook District and to identify opportunities for potential contribution to increase access to personal health services.
- Barriers encountered
  - DCC learned that Aroostook Regional Transportation System (ARTS) was not a successful applicant in the RFP process to provide broker services for MaineCare clients. How this will impact existing services for non-MaineCare eligible residents of Aroostook County is uncertain.

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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:

- Activities planned for completion during the quarter
- Whether activities were able to be completed on schedule
    - All annual and quarterly reporting was completed and submitted to the state on time
    - Activities that were planned for this last quarter were carried out and deliverables were met
- Successes achieved
- Barriers encountered

Structural and Operational changes, including updates in membership.

DCC Bylaws approved; Dr. Rachel Albert, Vice President of Academic Affairs, University of Maine at Fort Kent elected to Steering Committee; Bethany Zell, Director of Power of Prevention resigned from the position and the DCC

In-district or multi-district collaborations:

- Community Transformation Grant with Wabanaki District and Penquis District; Wabanaki District staff to attend Maine CDC QI training with Aroostook Public Health Unit staff

Other topics of interest for SCC members:

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