



# Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

<b>District: Aroostook</b>	<b>Date: March 8, 2011</b>
<p>Last DCC meeting conducted March 8, 2011. Next DCC meeting scheduled to occur June 14, 2011.</p> <p>Challenges: Attendance at this meeting was lighter than usual due to a number of factors including poor road conditions, multiple weather related closures the day before, drafting testimony for the legislature, and staffing changes within member organizations. We also needed to share that 2 of the members that were instrumental in the development of the Aroostook DCC have been reassigned within their organizations and will no longer be representing them on the board. John Labrie will no longer be the NMMC Rep. on the Board and has stepped down as the District Rep. to the SCC. Joy Barresi Saucier will be replaced by Glenda Dwyer, VP of Physician Services, as the TAMC Rep.</p> <p>Opportunities: Discussion was rigorous, a board presentation was conducted and DPHIP status reports were provided to the group. We also welcomed a new member, the United Way of Aroostook.</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> <li>• District Health Improvement Plan <ul style="list-style-type: none"> <li>Health/Risk Communication subcommittee: <ul style="list-style-type: none"> <li>* Complete list of RSS feeds made available to those who wish to sign up.</li> <li>* HAN alert enrollment sheets made available and subsequently turned into NR</li> </ul> </li> <li>Tobacco subcommittee <ul style="list-style-type: none"> <li>* No new business to report</li> </ul> </li> <li>Overweight/Obesity subcommittee <ul style="list-style-type: none"> <li>* Board education session conducted r/t the impact of overweight and obesity, nationally and on the state of Maine. The presentation ended with an overview of low-hanging fruit and alignment with DPHIP action steps. <ul style="list-style-type: none"> <li>* Update of Let's Go Maine 5210 activities occurring in the District</li> <li>* New grant obtained to provide stability balls to an elementary, middle, and high school level school in each of the 3 distinct regions of the District.</li> </ul> </li> </ul> </li> <li>Linkages Subcommittee: <ul style="list-style-type: none"> <li>* Report back on research of migrant populations, the elderly/disabled adults, and low income/MaineCare populations regarding background and potential barriers to personal health services. <ul style="list-style-type: none"> <li>* Discussions about future documentation for remaining identified populations as a means of determining progress toward DPHIP goals. Example provided.</li> </ul> </li> </ul> </li> </ul> </li> </ul>	
<p>Organizations represented at meeting(s):</p> <ul style="list-style-type: none"> <li>Power of Prevention</li> <li>Healthy Aroostook</li> <li>United Way of Aroostook</li> <li>Pines Health Services</li> <li>Me CDC, Public Health Nursing</li> <li>Tribal Liaison</li> <li>EMHS Healthy Lifestyles</li> <li>Me CDC, Regional Epidemiology</li> <li>Aroostook EMA</li> <li>Aroostook EMS</li> <li>Community Representation</li> <li>LHO</li> </ul>	



**Public Health**  
Prevent. Promote. Protect.

## Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

In-district or multi-district collaborations:
Issues or topics to be addressed by SCC: <ul style="list-style-type: none"><li>• Ongoing advocacy and support for DCC resources and further codification of infrastructure</li><li>• Communication re: upcoming legislative initiatives impacting Districts</li></ul>
Other district issues (external to the DCC) that impact public health

### <sup>1</sup>Sec. 5. 22 MRSA c. 152

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;
2. Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
3. Ensure that the goals and strategies of the state health plan are addressed in the district; 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.



# Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

<b>District: Central</b>	<b>Date: 3/24/11</b>
<p><b>Brief review of decisions and outcomes from DCC meetings held since last SCC meeting. For DCC 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>The Central DCC met on January 25, 2011. The agenda included member updates, our SCC representative update and discussion of district issues to bring to the SCC, the DCC Vaccination Workgroup update, and the DCC EPHS #7 Workgroup Update. We made final changes and unanimously approved the 2011 District Public Health Improvement Plan (DPHIP), and discussed next steps for plan implementation. We also heard a presentation on the OneMaine Health Assessment, discussed how we could use the results in district work, and decided to conduct a joint district forum(s) when the results are available.</p>	
<p><b>Ongoing or upcoming projects or priority issues:</b>          Implementation of the 2011 District Public Health Improvement Plan; work with Hanley Center Health Leadership Development class on DPHIP Goal #4 (Better educate and engage users of health care); new DCC workgroup structure and 2011 work plans; LHO trainings and new LHO orientation after 2011 town meetings; connections with municipal and academic partners.</p>	
<p><b>District planning process:</b>          We are working on 2011 DPHIP implementation through the DCC EPHS #7 Workgroup (lead by Waterville PATCH/HMP Director), the Vaccination Workgroup (co-led by PHU staff), the new EPHS #3 Workgroup (lead by the Greater Somerset Public Health Collaborative/HMP Director), and the District Public Health Unit. See the DPHIP action summary and timeline at <a href="http://www.maine.gov/dhhs/boh/olph/lphd/district5/DPHIP-action-summary.doc">http://www.maine.gov/dhhs/boh/olph/lphd/district5/DPHIP-action-summary.doc</a>.</p> <p>We plan to start indentifying and incorporating local/community priorities in July 2011, review progress on the 2011 DPHIP implementation in October 2011, and update the DPHIP for 2012 from October through December 2011 for the beginning of 2012.</p>	
<p><b>Structural and Operational changes, including updates in membership:</b>          Added members from Discovery House, the Town of Mercer, Winthrop Family Medicine, and district pharmacies; and interested parties from a pharmaceutical company and state agencies.</p>	
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>• Using social marketing for medication management project with Hanley Leadership Development class and DCC workgroup; assistance to solve access to care problem for medical assessments in a substance abuse treatment facility brought to the DCC.</li> <li>• We are interested in more discussion about why the rate of vaccination appears to be down. What additional information sharing and coordination on vaccination is needed?</li> <li>• Having meetings with partners to discuss communication strategies &amp; district priorities.</li> </ul>	
<p><b>Issues or topics to be addressed by SCC:</b>  <i>New this quarter:</i> HealthyMaine 2020 timing and how the district will give input; transportation; significance of Maine's impending ACA challenge for public health. <i>From previous quarters:</i> Communication between the SCC/DCC/local levels; public health communication; tobacco use by state employees at state buildings; domestic violence; retaining the primary care providers that we have; mental health and substance abuse services; an what is the standard of evidence that we need to use for evidence-based strategies and interventions? (i.e. differing opinions on what is acceptable evidence)</p>	



# Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

<b>District: CUMBERLAND</b>	<b>Date: 3/24/11</b>
<p><b>Brief review of decisions and outcomes from DCC meetings held since last SCC meeting. For DCC agendas and copies of minutes, please see: <a href="http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml">www.maine.gov/dhhs/boh/olph/lphd/index.shtml</a></b></p> <p>The Council was scheduled to meet on January 21, 2011 but the meeting was cancelled due to snow. The Council met on March 18<sup>th</sup>, with the following agenda items:</p> <ul style="list-style-type: none"> <li>- District Public Health Improvement Plan (vote to approve final DPHIP)</li> <li>- Communications Plan (feedback on Principles/Agreements, vote on Corporate sponsorship policy)</li> <li>- Health Index and Community Health Needs Assessment (presentation)</li> <li>- State Budget</li> <li>- Oral Health Legislation</li> <li>- Revised Membership MOU</li> <li>- MeHaf Health Reform Grant materials and Maine Colorectal Cancer Control Program</li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <p>The Advocacy Committee held its first meeting in January. The Membership Committee continues to assess the representativeness of DCC’s membership, identify vacancies and make recommendations to ensure broad representation in both the membership and committees.</p>	
<p><b>District planning process:</b></p> <p>Flu &amp; Pneumococcal Workgroup meeting monthly, has developed a workplan &amp; timeline for 2011 Workgroup’s current focus is on school clinics (will be working on adult access &amp; clinic planning later in the spring, then on coordinated communications this summer)</p> <ul style="list-style-type: none"> <li>- met with previous president of the regional superintendents group, reviewed available survey data</li> <li>- have drafted an “Issue Brief”</li> <li>- conducting a survey of school nurses to identify leverage points, barriers, and support needed</li> <li>- working on a mailing to school superintendents, may present at regional superintendents meeting</li> </ul> <p>Communications Workgroup meeting monthly:</p> <ul style="list-style-type: none"> <li>- Developed Principles/Agreements as the core of the Communications Plan</li> <li>- Designed planning tool for coordinated communications strategies</li> <li>- Recruited UNE grad student for practicum project, including projects to support the Workgroup</li> <li>- Developed corporate sponsorship policy</li> <li>- Testing tools &amp; process (using residential mold as the topic) this spring</li> <li>- On track to complete Comm. Plan and transition to a standing Comm. Committee by summer 2011</li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b></p> <p>Healthy Cumberland Committee has formally become the advisory board for the HMPs in the district?</p>	
<p><b>In-district or multi-district collaborations:</b></p> <p>Flu Workgroup leaders met together with Flu Workgroup leaders from the York district – decided to “divide &amp; conquer” with Cumberland leading on school clinics and York leading on employer clinics and then adopting/adapting each other’s work.</p>	
<p><b>Issues or topics to be addressed by SCC:</b></p>	



**Public Health**  
Prevent. Promote. Protect.  
Template updated 11/20/10

# Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

<b>District: Down East</b>	<b>Date: 11 March 2011</b>
<p><b>Brief review of decisions and outcomes from DCC meetings held since last SCC meeting. For DCC agendas and copies of minutes: <a href="http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml">http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</a></b></p> <p>Down East DCC meeting held on February 8 in Steuben Library Hall with 20 participants:</p> <ul style="list-style-type: none"> <li>• Dale Hamilton, Executive Director of Community Health &amp; Counseling Services, presented current issues facing patients with mental health diagnosis and spoke about ways of improving services, such as integrative services and treating mental health as a specialty through their primary provider.</li> <li>• DPHIP draft report out for comment to all DCC stakeholders during December and January.</li> <li>• DPHIP final report presented at February 8 meeting and strategies approved for implementation.</li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>• A district wide approach to writing a proposal to the Maine Injury Prevention Program was accepted and will fund interventions focused on reducing motor vehicle traffic accidents.</li> <li>• The district communications team is looking at alternatives for connecting stakeholders for DCC meetings and events (videoconferencing, webinars, etc.)</li> </ul>	
<p><b>District planning process:</b> Refer to DPHIP summary</p>	
<p><b>Structural and Operational changes, including updates in membership.</b></p> <ul style="list-style-type: none"> <li>• The steering committee will address the current operating structure, including DCC membership, steering committee membership and the election process for the co-chairs in the coming months.</li> <li>• Work team leaders are being asked to see how they want the work teams to continue, how they see the addition (recruitment) of additional members, and how much time they can commit to implementing strategies from the DPHIP.</li> </ul>	
<p><b>In-district or multi-district collaborations</b></p> <ul style="list-style-type: none"> <li>• Injury Prevention Grant will provide an opportunity to collaborate with state police, two county sheriffs' offices, the tribal jurisdiction, the Healthy Maine Partnerships, the University of Maine Center on Aging, the University of Maine Machias, and the Community Health and Counseling Services.</li> <li>• We are looking at building or enhancing communication opportunities with the hospitals and rural health centers as well as some of the schools.</li> </ul>	
<p><b>Issues or topics to be addressed by SCC:</b></p> <ul style="list-style-type: none"> <li>• How does the DCC promote advocacy or policy issues?</li> <li>• How does the DCC build additional funding opportunities or resources for its member organizations?</li> </ul>	

<sup>1</sup>**Section 5. 22 MRSA c. 152**

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;
2. Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
3. Ensure that the goals and strategies of the state health plan are addressed in the district; 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



**Public Health**  
Prevent. Promote. Protect.

Template updated 3/14/11

# Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

<b>District: Midcoast</b>	<b>Date: 3/14/11</b>
<p><b>Brief review of decisions and outcomes from DCC meetings held since last SCC meeting on March 8, 2011. The focus of the DCC meeting was mental health integration.</b></p> <ul style="list-style-type: none"> <li>- Key note address by Todd Goodwin of Midcoast Mental Health on the landscape of mental health in the Midcoast.</li> <li>- Panel discussion on examples of mental health services and resources in the Midcoast including United Way of Midcoast Maine, NAMI, Knox County Sheriff's office, and Broadreach.</li> <li>- Break-out groups to identify additional resources and ways to integrate mental health awareness into our work.</li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>- Midcoast Transportation Task Force is currently planning a Midcoast Transportation Summit in May for service providers to discuss transportation options, resources, and new opportunities. Task Force is creating a transportation toolkit for providers.</li> <li>- Hosted an informational table at Fisherman's Forum. Provided information about healthcare resources and prevention information. Made contact with two organizations (Harvard School of Public Health and Maine Sea Grant) who work with the fishing community to discuss possible future collaboration.</li> <li>- Working with Maine Rural Partners on the development of a DCC Membership Directory. Maine Rural Partners has agreed to use Midcoast DCC as a pilot for implementing their Rural Innovation Network project.</li> <li>- Collaborating with law enforcement and other partners to coordinate activities for the National Take Back Initiative medication collection.</li> <li>- DCC Steering Committee is working on creating a Midcoast District Informational Packet. This packet will contain 1-pager description of the components of the local public health infrastructure- LHOs, DCC, Unit, HMPs, District Public Health Improvement Plan. Packet will be disseminated for information sharing and recruitment.</li> <li>- Disseminated survey to school nurses about seasonal flu clinics.</li> <li>- June DCC meeting will focus on learning more about and strengthening collaboration with key healthcare partners such as FQHCs, SBHCs, and patient centered medical homes.</li> </ul>	
<p><b>District planning process:</b></p> <ul style="list-style-type: none"> <li>- MDPHIP was approved by an electronic vote by the DCC members.</li> <li>- Final edits needed and will be posted on the web.</li> <li>- DL providing quarterly updates on progress of strategies.</li> <li>- Future activities include using press/media to inform the community of the work of the local public health system.</li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b> While we have a core of 25-30 members (full and associate members) that attend every DCC, we always extend invitations to other public health partners in the district. We have about an additional 25-30 people/organizations that attend DCCs as they are interested in the topics being discussed at the meeting.</p>	
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>- Midcoast District Medication Collection (in conjunction with National Take Back Initiative)</li> <li>- Midcoast Transportation Task Force</li> <li>- Midcoast County EMA Quarterly Conference calls (started in January 2011)</li> <li>- Pen Bay Island Initiative</li> </ul>	
<p><b>Issues or topics to be addressed by SCC:</b> How will we stay informed of budget, policy and administrative changes affecting our structure and work?</p>	



**Public Health**  
Prevent. Promote. Protect.

Template Revised 11/20/10

# Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

<b>District: Penquis Public Health District</b>	<b>Date: 03/24/11</b>
<p><b>Brief review of decisions and outcomes from DCC meetings held since last SCC meeting. For DCC agendas and copies of minutes, please see district's website at: <a href="http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml">http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</a></b></p> <p>January 2011 Penquis DCC Meeting:</p> <ul style="list-style-type: none"> <li>- Local Health Officers and Unorganized Territory -coverage for Penquis was discussed at the SCC meeting; the recommendation is for the Penquis District to continue to work with the Office of Local Public Health to draft MOUs and other supportive material to address coverage in the UTs.</li> <li>-Tribal Health presentation was given by Lisa Sockabasin from the Maine CDC Office of Minority Health. Material including life expectancy, definition of historical trauma, and next steps for opening communication with the tribe were discussed by the DCC membership. The DCC membership also met the Tribal Public Health Liaison, Clarissa Webber. (Lisa Sockabasin will return in May to continue the discussion with the DCC).</li> <li>- District Public Health Improvement Plan Workgroup Reports: <ul style="list-style-type: none"> <li>-Flu and Pneumococcal- the workgroup continued its review of educational material for providers and the public. 211 will be invited to participate on the next conference call to assess how the workgroup can assist in populating the database going into the next flu season as part of the communication plan.</li> <li>-Obesity- Shared the survey tool the group is utilizing to take an inventory of obesity related initiatives in the Penquis District. The DCC gave feedback on how to tweak the survey to make it more comprehensive and user friendly. DCC partners are asked to forward the survey to their partners so the data will have a good cross representation of the district. 211 representatives have been invited to the next conference call to discuss how we can help add additional items under obesity in the 211 database.</li> <li>-Substance Abuse-the first meeting was held in Dec. 2010. Prescribing practices in the district were discussed; the group is looking at what education is provided throughout the district to provider on prescribing practices. The group is also drafting a goal for the workgroup and adding membership.</li> </ul> </li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>-Local Health Officers and Unorganized Territory coverage for Penquis</li> <li>-Obesity and Flu and Pneumococcal, and Substance Abuse Workgroup meetings</li> <li>-Obesity Survey to Penquis District Partners</li> </ul>	
<p><b>District planning process:</b></p> <ul style="list-style-type: none"> <li>-Continued meetings of the Flu and Pneumococcal, Substance Abuse and Obesity workgroup.</li> <li>- Penquis District Partners had the opportunity to comment on the draft DPHIP.</li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b></p> <ul style="list-style-type: none"> <li>- None at this time</li> </ul>	
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>-Beacon Community Project through EMHS and related Penquis Partners</li> <li>-Penquis District Bedbug Forum</li> <li>-Community Needs Assessment - EMHS and Critical Access Hospitals and United Way</li> <li>-EAAA - collaboration across the districts to promote Living Well, Matter of Balance, etc.</li> </ul>	



**Public Health**  
Prevent. Promote. Protect.

## Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

-“Got a Minute, Give it to Your Kids” Campaign offered by the Penquis HMPs

**Issues or topics to be addressed by SCC:**

**Other district issues (external to the DCC) that impact public health:**

-The roll out of the One Maine Health Data in the winter and spring in the District

### <sup>1</sup>Sec. 5. 22 MRSA c. 152

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;
2. Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
3. Ensure that the goals and strategies of the state health plan are addressed in the district; 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.



**Public Health**  
Prevent. Promote. Protect.

## **District: Tribal District**

**Date: 03/14/2011**

Brief overview of Tribal Public Health District:

The tribal public health district was formed in 2008 and the staff was hired in 2009. The positions consist of two Tribal Public Health Liaisons who are based at the Houlton Band of Maliseet Indians however work with all four Federally Recognized Tribes in Maine. The five tribal communities served with this program are The Aroostook Band Of Micmac & The Houlton Band of Maliseet Indians located in Aroostook County; The Passamaquoddy Tribe of Indian Township & The Passamaquoddy Tribe of Pleasant Point located in Washington County and The Penobscot Indian Nation located in Penobscot County.

We have been charged to :

- Serve as a liaison between tribal, district and state public health entities.
- Assist in coordinating state public health functions at the tribal level.
- Assist Maine CDC District Public Health Liaisons in public health planning efforts.
- Serve as a tribal representative on those District Coordinating Councils that correspond with tribal areas.
- As needed, work within Maine CDC Public Health Units serving Districts that correspond with tribal areas.
- Contribute to the implementation of District Public Health Improvement Plans for Districts that correspond with tribal areas
- Continue to link services and resources related to public health

Ongoing or upcoming projects or priority issues:

Assisting tribal stakeholders assess the tribal health status of the tribal members 18 years and older by implementing the Waponahki Tribal Health Assessment Survey.

Ongoing public health education activities in each tribal community:

- Provide educational opportunities for the tribal communities for youth and adults, in a variety of setting such as, health fairs, support groups, community educational classes.
- Development and dissemination of Quarterly Maine Intertribal Health Newsletter targeting tribal households.
- Provide educational opportunities for tribal youth and adults regarding cardiovascular disease, tobacco use and other chronic diseases with health related topics.
- Provide cholesterol and blood pressure screenings for tribal sites and encourage self-management of high blood pressure and cholesterol
- Provide opportunities for Tribal members to experience making appropriate lifestyle changes, for example by using programs such as "Let's Go!"(5-2-1-0)

Status of Tribal Waponahki Assessment:

The Tribal Health Directors, Public Health Liaisons, and other surveyors plan to have all tribal health assessments completed by April 1, 2011 whereas the University of Nebraska Medical Center will be able to precede with analysis of this assessment.

Organizations represented at meeting(s):

Houlton Band Of Maliseet Indians; Indian Township Health Center; MeCDC Office of Minority Health, Micmac Service Unit ; Penobscot Nation Health Center; Pleasant Point Health Center



**Public Health**  
Prevent. Promote. Protect.

Template updated 11/20/10

## Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

**District: Western**

**Date: 3-25-2011**

**Brief review of decisions and outcomes from DCC meetings held since last SCC meeting. For DCC agendas and copies of minutes, please see district's website at:**

<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml>

The Western DCC continues work on its pilot project to coordinate efforts across the district to increase adult influenza immunization rates as well as work on developing an electronic directory of public health organizations in the Western District.

### Influenza vaccination pilot project

The current focus is on the development of a pilot project action plan. A small ad hoc group of DCC Steering Committee members drafted an action plan that was shared at the March 4 meeting. Edits were made with suggestions from meeting participants. The pilot project will initially target worksites, coordinating efforts with HMP Worksite Wellness programs and others.

### Electronic directory

DCC members have had several ideas for methods to initiate the directory. The directory site and maintenance were challenges that were identified early in the process. At the March 4 meeting, Ken Morse suggested exploring the mechanism that the Mid Coast DCC is proposing to use.

The Western DCC continues to meet every other month.

### **Ongoing or upcoming projects or priority issues:**

The Western DCC is also a pilot site for a State Health Plan "Collaborative Learning" – now called "Community Dialogue" project. The centerpiece of this project will be focus groups with worksite representatives to determine barriers to flu shots, perceived value of offering or promoting flu shots and what worksite data sources may be available. Focus groups are scheduled for May 3 and May 6 in different areas of the district. Meredith Tipton, public health consultant, will facilitate the groups.

### **District planning process:**

Much of the planning continues to be done with the participants at DCC meetings. Small ad hoc groups are currently working on the action plan edits; and on the design & participant recruitment for the focus groups.

At the May 13 DCC meeting, we expect to have a report from the focus groups and a finalized action plan. We plan to invite DCC participants to sign up for specific tasks on the action plan. Sub-committees or ad hoc groups may form as needed.

We will also have presentations at the May 13 DCC meeting on the Mid Coast plans for a Stakeholder Directory. This may inform the format the Western DCC will use for its electronic directory.



**Public Health**  
Prevent. Promote. Protect.

## Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

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

The Western DCC recently recruited three new Steering Committee members. The newly configured Steering Committee will hold its next meeting on April 12, 2011. At that meeting we will discuss election of new co-chairs and SCC representative.

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

The Western DCC has been in touch with the Mid Coast DL regarding their plans for an electronic directory through a possible partnership with Maine Rural Partners. Jennifer Gunderman-King, the Mid Coast DL and a representative from Maine Rural Partners will present at our May 13 DCC meeting.

### **Issues or topics to be addressed by SCC:**

Who provides oversight or monitoring for the DPHIP? Is it the SCC? Or the Governor's Office of Health Policy and Finance?



# Statewide Coordinating Council for Public Health District Coordinating Council Update

**District: York District**

**Date: March 24, 2011**

**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>**

Two Executive Committee meetings were held since the last SCC meeting. The quarterly York District Public Health Council meeting convened on the day before the last SCC meeting, December 8, 2010 and the next full Council meeting is scheduled for next week, on March 30, 2011. The Executive Committee (EC) met on February 9, and March 11, 2011. Please see the attached agendas. The February meeting served as the Council's fourth work session in further developing the logic models, timelines, and draft narrative for the District Public Health Improvement Plan's three focus areas, i.e., Access to Primary Care, Obesity, and Adult Immunization. At the February meeting, members also discussed plans for rolling-out the Emergency Readiness Voluntary Well-Check Registry at the March 30, 2011 meeting of the full York District Public Health Council. Our Executive Committee has met on a monthly basis (except for January due to a snowstorm and cancellation) since our last SCC meeting and has been working with the district liaison to assist with convening focus area workgroups to sustain the DPHIP during the two-year plan period. Additional efforts include reviewing draft materials for the District Public Health Improvement Plan narrative. In partnership with the York County EMA, the Executive Committee has also worked on plans for rolling out with health care systems and providers on March 30, 2011, the first phase of the York County Voluntary Well Check Registry. Planning efforts are underway to sustain this project beyond its pilot stage and implement across York County with all partners and sectors.

**Ongoing or upcoming projects or priority issues:**

The following items are upcoming projects:

- Continued Recruitment of business and private sector membership
- Planning for the March 30, 2011 full Council meeting
- Continuation of our strategic work including the development of the Council's strategic plan
- Implementation of new logo and branding for the York District Public Health Council
- Roll out of our voluntary Well Check Registry, including county wide information dissemination
- Finalize draft of a District Public Health Improvement Plan

The following are priority issues for YDPHC:

- Working with District HMPs on integrating health improvement plan efforts
- Sustain our District Public Health Improvement Plan Work Groups-engage in cross-district collaboration with Districts who have a similar workgroup focus.
- Engage Partners and Promote EMA Voluntary Well-Check Registry
- Strengthen Relation with Environmental Health, Business, and Faith-based groups

**District planning process:**



**Public Health**  
Prevent. Promote. Protect.

## Statewide Coordinating Council for Public Health District Coordinating Council Update

The DPHIP logic models are in their final form , a timeline is in place, and workgroups have continued to convene for achieving objectives. A DPHIP narrative has been drafted and will undergo a final review a the March 30th Council meeting.

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

The YDPHC's Executive Committee has been actively recruiting members to the Council from sectors currently missing from the Council. As a result, Carl Pendleton from Sweetser and Charlie Quint from the Baker Company joined the council last month.

An Executive Committee member representing family planning resigned from the Council several months ago to take a new job. The DL met with a local family planning representative a few weeks ago to secure family planning membership on the Council.

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

The YDPHC's Immunization Workgroup is collaborating with the Cumberland District Council's Immunization Workgroup to share resources and streamline efforts . A joint meeting between both groups was held on January 10, 2011. Both district groups agreed on creating important tools for promoting immunizations in Southern Maine. York District will develop an outline and protocols for promoting vaccine clinics for adults with York County Business and Employers. Cumberland District will pilot their communications framework in York County with the employer's immunization initiative. Additional materials focused on encouraging vaccine efforts for children in Cumberland County will also be shared with the York Workgroup. YDPHC members who also serve as members of the Cumberland District Council provide linkages between district efforts to streamline our work and identify additional opportunities where both DCCs can collaborate.

### **Issues or topics to be addressed by SCC:**

- Ongoing advocacy and support for DCC resources and further codification of infrastructure
- Communication to upcoming legislative initiatives impacting Districts
- Guidance on garnering resources for and operationalizing District Public Health Improvement Plans