



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

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

Template updated 11/20/10

<b>District: Down East</b>	<b>Date: 8 December 2011</b>
<p><b>Brief review of decisions and outcomes from DCC meetings held since last SCC meeting.</b></p> <p>DCC Meeting was held at the Maine Sea Coast Mission Edge Center in Cherryfield on October 17 with fifteen participants</p> <ul style="list-style-type: none"> <li>• Helena Peterson of Maine Quality Counts was our speaker for our Downeast Deeper Dive and focused on Access to Care Models, including Patient Centered Medical Home and Community Care Teams.</li> <li>• A tribal health update was provided; an influenza school vaccine update was provided.</li> <li>• The Community Transformation Grant overview was presented and briefly discussed.</li> <li>• Short update on the progress of the DPHIP work teams was provided.</li> <li>• DCC organization was discussed; discussion based on what are the benefits of the DCC to organizations and organizations to the DCC.</li> <li>• SCC update and discussion provided by Kathie Norwood.</li> <li>• Next DCC meeting: December 14 in Cherryfield.</li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>• Develop DCC benefits one pager to use as recruitment with district organizations.</li> <li>• Calendar for DCC meetings and DCC committees has been established.</li> <li>• Gearing up for Community Transformation Grant and balancing it with the DPHIP objectives.</li> </ul>	
<p><b>District planning process: District Public Health Improvement Plan</b></p> <ul style="list-style-type: none"> <li>• Work Team Update <ul style="list-style-type: none"> <li>• Health Indicators Team: Completed a substantial list of indicators and data; looking into how to provide technical assistance on data issues.</li> <li>• Health Gaps Team: Will focus on one age cohort (over 65) and will work through process steps in the DPHIP.</li> <li>• Communication Team: Team has not met; will need to be regenerated with members.</li> <li>• Health Promotion Team: Focused on Lets Go 5-2-1-0, but need to look at leadership and members.</li> <li>• Resource Development Team: Team is adding a couple of experts in the development field to help them create a process for handling district funding opportunities.</li> <li>• Workforce Development Team: Team members attended two meetings this fall—Health Workforce Forum Conference and Growing Your Own.</li> </ul> </li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b></p> <ul style="list-style-type: none"> <li>• Membership Thoughts: <ul style="list-style-type: none"> <li>○ DCC reps need to go to CEO or Leadership of district organizations to talk about the DCC, and the benefits to their organization.</li> <li>○ Develop one pager messaging on the value of the DCC==collaboration, regional goals, funding opportunities.</li> <li>○ One ask is what are the priorities of the organization and how do they fit within the DCC framework and priorities.</li> <li>○ Review DCC communication—what should it provide and how frequent.</li> </ul> </li> </ul>	



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

- Community Transformation Grant
  - The Planning Committee is starting to work through the timeline and preliminary documents in order to discuss how to implement the steps and complete the Year 1 objectives.
- Aligning Forces for Quality
  - As a follow up to the One Maine Health Assessment meetings, Maine Quality Counts and the Public Health and Clinical Health Care Collaborative in Washington County are hosting an AF4Q Roundtable discussion on December 15 at Machias and Calais.

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

None at this submission.

## **<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