May 18

2012

Annual
Report

Introduction

The Cumberland District Public Health Council (Council) continues to work toward its vision of making communities in Cumberland District among the healthiest in the state. Over the past year, the Council formed work groups to address issues such as influenza, coordinated communication and health equity. The Council received a Community Transformation Grant to improve physical activity, nutrition and active communities across the district. This annual report contains information on the Council's activities, the Council's fiscal health, committees and workgroups, and all members whom were active over the past fiscal year.

History

The Council convened in December 2006 immediately following the statewide Public Health Work Group's decision to create eight public health districts, each with a district coordinating council (DCC). The Council built the initial membership from participants in the Portland Public Health Division's Local Public Health System Assessment in January and February 2005, and the Cumberland County Strategic Planning Committee's Public Health and Human Services Subcommittee in July 2006. In November 2008, the Council restructured with the adoption of official by-laws.

Council Officers

At the May 2011 Annual meeting, the Membership voted on three officer positions. The Membership elected Toho Soma as the Council Vice-Chair, Deb Deatrick as the Council Treasurer, and Steve Fox as the Council Representative to the State Coordinating Council. The current officers of the Council are:

Council Chair—Colleen Hilton (term ending May 2012)
Council Vice Chair—Toho Soma (term ending May 2013)
Council Secretary—Julie Sullivan (term ending May 2012)
Council Treasurer—Deb Deatrick (term ending May 2013)
Council Representative to the State Coordinating Council—Steve Fox (term ending May 2013)
Maine CDC District Liaison—Becca Matusovich

Committees and Workgroups

The Council maintained six standing committees, as set forth in the Council by-laws. The standing committees include the Advocacy Committee, Communications Committee, Finance & Fundraising Committee, Health Data Committee, Healthy Cumberland Committee, and

Membership Committee. These committees had varying level of activity over the past year. The Healthy Cumberland Committee stands out as the most active committee over the past year. They Health Cumberland Committee worked hard to move toward acting as the advisory board for all four Healthy Maine Partnerships in Cumberland County and will continue to work toward this goal.

One ad-hoc committee was established (see Oversight Sub-committee under the Community Transformation Grant) to work on a grant. In addition, the Executive Committee continued meeting every other month to discuss and administer Council business.

The Council also maintained three work groups. The Flu & Pneumococcal work group and the Communications work group focused on the District Public Health Improvement Plan priorities for the two respective topics. The Healthy Equity work group formed in June 2011 in response to a Federal Government effort to address health disparities, and the Council's interest in pursuing efforts locally.

District Public Health Improvement Plan

With leadership provided by the Maine CDC Cumberland District Liaison and active engagement by many Council members and other district partners, the Flu & Pneumococcal Work Group, the Communications Work Group, and the Greater Portland Refugee and Immigrant HealthCare Collaborative all worked on priorities set forth in the District Public Health Improvement Plan.

The Flu & Pneumococcal Workgroup continued meeting monthly, implementing a 3-pronged work plan. The work plan focused on organizing school flu clinics, coordinating adult public clinics to ensure access for vulnerable populations, and a coordinated communications strategy. During the spring, the work group completed an issue brief on school flu clinics, presented the brief to the Cumberland County Superintendents' Association and distributed it to all school nurses.

The Flu & Pneumococcal Work Group recruited a University of New England graduate student as a summer intern. The work group's summer activities focused on strengthening the clinic infrastructure and developing a sustainable business model for non-profit public flu clinics. Specifically, the work group developed a community partner guide for supporting local flu clinics, created a mechanism for assessing countywide coverage and coordinating planning across the 5 clinic providers, worked with 211 to improve clinic listings on the 211 website, and adapted York District's employer toolkit to suit the needs of Cumberland District.

The Flu & Pneumococcal Work Group went on hiatus in August of 2011 as the flu season began. The work group reconvened on March 21, 2012 to begin work for next year's flu season.

The Communications Work Group also continued meeting monthly. In the last year, the work group developed a shared principles and agreements document as the core of the Communications Plan, designed a planning tool for coordinated communications strategies, developed a corporate sponsorship policy, tested tools and processes (using residential mold as a case study), field-tested a Local Health Officer "Quick Reference Guide" and tenant and landlord fact sheets. A graduate-level intern from the University of New England assisted in the development of many of the tools and documents produced by the Communications Work Group.

In addition, the Communications work group developed a second coordinated communications strategy for flu vaccination (materials created include an Implementation Guide, poster, newspaper ad, newsletter "drop-in article", and clinic listings), and drafted a "Communications Dissemination Network" to identify and develop agreement with all relevant partners in the county who do or could play a role in disseminating public health messages to the public, including those with the ability to reach vulnerable populations.

Although the Cumberland District has a reputation for robust health care infrastructure, concerns about disparities in access to care for vulnerable populations drove the selection of "Access to Care" as one of Cumberland's District Public Health Improvement Plan priorities. One of district partners' greatest concerns focuses on the barriers to care experienced by refugees and immigrants, who are an increasing proportion of the Cumberland County population and a group with particularly complex health needs.

Therefore, in May 2010, the Maine CDC's Cumberland District Public Health Unit in collaboration with Portland Public Health, convened an ad hoc group that came to be called "the Greater Portland Refugee & Immigrant Healthcare Collaborative." The initial goal was simply to coordinate efforts and share information across the range of state and local government programs, local primary care providers and hospitals, social service agencies, and academic partners who all share a role in ensuring access to culturally appropriate health care services.

The Collaborative's early discussions created a common understanding of the various categories of immigrants and the impact of their categorization on access to services. Each organization knew its own niche in the fragmented safety net but it was necessary to develop a shared picture of the whole system of services. The Healthcare Collaborative identified four initial priorities (dental care, mental health, vision care, and primary care/initial health assessment recommendations) and established workgroups; nutrition education and flu vaccination have also been a focus. The many actively engaged partners are committed to maximizing their collective impact to coordinate the patchwork quilt of services and develop strategic solutions to what can seem like an overwhelming array of challenges. Collaborative

grant proposals are in development to support innovations that hold promise for reducing both high health care costs and disparities in both access to care and health outcomes.

Examples of what the Collaborative has been able to produce in its first year include:

- Exploration of collaborative grant opportunities to ensure access to vision care, preventive dental care, oral health promotion, and nutrition education
- Partnership with Portland Community Health Center and Casco Bay EyeCare to develop optician services at the federally-qualified health center, which has a patient population that is as much as 2/3 refugees and immigrants.
- A community resource guide to assist primary care providers and case managers in making referrals for health care and preventive services more efficiently.
- An inventory of mental health services and assessment of the capacity of Portland area mental health providers to meet refugee needs.

The mid-term report card for the Cumberland District Public Health Improvement Plan can be found in Appendix A. The following instructions explain the scoring methodology.

- Up Arrow: Movement toward improvement.
- Down Arrow: Action was taken but has hit barriers.
- Equal Sign: District took minimal to no action during this timeframe.
- Gold Star: significant improvement and success.
- Red Flag: Needs attention.

Cumberland County Community Health Needs Assessment Forums

In January 2011, two Cumberland County Community Health Needs Assessment (CHNA) Forums were held – one in Standish and one in Portland. MaineHealth convened a planning group that included all of the hospitals in the county, the Cumberland District Coordinating Council, the ME CDC District Liaison, the City of Portland, the Healthy Maine Partnerships, and the United Way of Greater Portland. This planning group decided to frame the priorities for discussion and follow-up work emerging from the forums around the priorities that are shared between the District Public Health Improvement Plan, the Healthy Maine Partnerships' Community Health Improvement Plans, and the hospital/health system strategic priorities. This has infused additional energy and engagement in the work toward these priorities. Between January and May 2011, follow-up conversations have been convened on the following priorities. The

leaders have committed to report back to the Council on a regular basis on any strategies that are identified for collaborative work on these priorities.

- Tobacco
- Cardiovascular health
- Physical activity, nutrition, & obesity
- Access to care (with a targeted focus on the Lakes Region)
- Mental Health and Substance Abuse

Community Transformation Grant

The Community Transformation Grants are Federal pass-through grants authorized under the Affordable Care Act of 2010. The Maine Center for Disease Control and Prevention received a $1.3 million dollar Community Transformation Grant in September 2011. The Community Transformation Grant money was distributed between the eight public health districts and the tribal district.

The grant requires a committee to oversee the work of the grant in each district. The Oversight Sub-committee formed in late 2011 and met in January, February, March, and April. The Oversight Sub-committee consists of the all of the Executive Committee of the Council plus additional individuals interested in the work. The process of developing the structure for collaborative design and oversight has been labor-intensive but valuable for the Council's development.

The Oversight Sub-committee approved Shane Gallagher as the Community Transformation Grant Coordinator. The Coordinator is primarily responsible for communication among the district, local level work and the state level work. Shane Gallagher began to transition into the Coordinator role in mid-March 2012.

Two work groups formed to draft a district work plan. The first work group focused on the physical activity and nutrition objectives, and the second work group focused on the active community environment objectives. Both work groups submitted draft work plans, budgets, and staffing plans for year one (ending September 29, 2012) to the Oversight Sub-committee in April.

Shane Gallagher, Joan Ingram, Jennifer Thibodeau, and Zoe Miller attended the Community Transformation Grant Action Institute in Augusta. Over the course of two days, the attendees learned about the expectations of the grant and had questions answered by the state-level Community Transformation Grant team.

Community Access to Child Health Grant

The Community Access to Child Health Grant (CATCH) from the American Academy of Pediatrics looks at increasing child immunization rates in Cumberland County. The grant required an environmental scan to identify potential "alternative" vaccination sites. MaineHealth contracted with the Council to have Shane Gallagher develop the assessment using a modified "community asset map" model. The final product contained over 17,000 data points.

County Health Rankings

The collaborative efforts of the member organizations of the Council are paying off. The results of these efforts are reflected in the County Health Rankings & Roadmaps. Cumberland ranked in the top five for health outcomes and health factors in both 2011 and 2012. The 2011 and 2012 County Health Rankings & Roadmaps can be found in Appendices B and C.

Financial Report

The Council received funding from several organizations, as well as the Community Transformation Grant. The main expense of the Council remained salary for staff support. A detailed report can be found in Appendix D.

Meeting Locations

Over the past year, the Council held meetings in various locations in order to reach various parts of the District. Meeting locations included Bridgton Hospital, MaineHealth, Portland Water District, VNA Home Health & Hospice, and University of New England's Portland Campus.

Membership

The Council's membership represented a variety of organizations and diverse regions of the Cumberland Public Health District. Members from the past year are listed below.

Neal Allen— Greater Portland Council of Governments

Anita Anderson—Chebeague Island Local Health Officer

Denise Bisaillon—University of New England Public Health Graduate Program

Lynn Browne—St. Joseph's College

Jim Budway—Cumberland County Emergency Management Agency

Faye Daley—Bridgton/Harrison Local Health Officer

Deb Deatrick—MaineHealth/Maine Medical Center

Stephen Fox—South Portland Fire Department/Local Health Officer

Sandra Hale—Westbrook School System

Megan Hannan—Planned Parenthood of Northern New England

Colleen Hilton—Mercy Health System of Maine/VNA Home Health and Hospice

Paul Hunt—Portland Water District

Valerie Landry—Mercy Health System of Maine

Becca Matusovich—Maine CDC Cumberland District DHHS Office

Bernice Mills—University of New England Dental Hygiene Program

Dianne North—Cumberland County Jail

Karen O'Rourke—University of New England Center for Community and Public Health

Cathy Patnaude—Home Health Visiting Nurses

Helen Peake-Godin—University of Southern Maine School of Nursing

Lois Reckitt—Family Crisis Services

Emily Rines—United Way of Greater Portland

Lucie Rioux—Opportunity Alliance

Erica Schmitz—Medical Care Development

Pamela Smith—Bridgton Hospital

Toho Soma—City of Portland Public Health Division

Ashley Soule—Maine Medical Center Cancer Institute

Peter Stuckey—Maine State Legislature (Portland Area Representative)

Julie Sullivan—City of Portland Public Health Division

Meredith Tipton—Tipton Enterprises, Inc.

Ted Trainer—Southern Maine Area Agency on Aging

Anne Tricomi—City of Portland Public Health Division, Healthy Casco Bay

Steve Trockman—Midcoast Hospital

Helen Twombly—Sebago Local Health Officer

Eileen Wyatt—Cumberland/Yarmouth/North Yarmouth Local Health Officer

Carol Zechman—CarePartners, MaineHealth

Next Steps

Looking forward there is much work for the Council in the coming year. Some examples of the Councils work include:

- Continue work on DPHIP priorities through continuing workgroups, including those convened following the Cumberland Community Health Needs Assessment Forums
- Healthy Cumberland will be working on strengthening their role as Advisory Board to the four Healthy Maine Partnerships, including a need to guide the HMPs in adapting to the potential for significantly reduced budgets
- Continue significant focus on the Community Transformation Grant
- Strengthen and re-vitalize the membership committee in order to ensure an active membership that represents the full breadth of public health partners in the district.