



Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Central	Date: December 13, 2018
<p>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 At the October 17 and 18 Central District Shared Community Health Needs Assessment (SCHNA) forums, we had 57 attendees in Skowhegan and 80 in Waterville. JSI, Inc. presented county and district data, and participants discussed the data, identified gaps, and identified priorities for health improvement. They reconvened and voted for the following top priorities: Mental Health, Substance Use, Social Determinants of Health, Aging/Older Adults, Physical Activity/Nutrition, Food Insecurity, and other priorities, including Youth/ACEs (adverse childhood experiences), Access to Care, Chronic Disease, Oral Health, Intentional Injury, and Infectious Disease.</p>	
<p>Ongoing or upcoming projects or priority issues: coordination with hospital Implementation Strategies and the new round of Shared CHNA; District-Wide Prevention Messaging to priority populations, MGMC/District Oral Health Implementation Grant Community Health Worker (CHW) support and increasing/sustaining resources for community health workers; transportation services and volunteer efforts; recruiting/maintaining sector membership; coordinating with recipients of the Maine Prevention Services contracts; vulnerable populations HAN; ongoing sustainability of successful initiatives</p>	
<p>Progress with District Public Health Improvement Plan (DPHIP): <i>Activities planned for completion during the quarter and whether activities are able to be completed on schedule</i></p> <ul style="list-style-type: none"> ▶ Use Central District Public Health Unit updates and DCC website to communicate important information to DCC, LHOs, and partners – ongoing task with updates going out weekly as needed ▶ Establish and implement DCC Vaccination Workgroup and communication network – ongoing ▶ The Adverse Childhood Experiences (ACEs) Workgroup was asked to re-convene and assist with district Drug-Free Communities (DFC) grantees’ school and community efforts to build resiliency ▶ DCC Leadership continues to review workgroup charges and possible partnering alternatives to determine how to proceed with funding changes <p><i>Successes achieved</i></p> <ul style="list-style-type: none"> ▶ District Oral Health Grant Community Health Worker services to connect low SES children to dental appointments, parent education, and outreach to/referrals from district pediatric practices, school nurses, Maine Families, KVCAP, WIC, and the Children’s Center – over 400 dental appointments for children and families made so far! ▶ ACEs Workgroup completed an environmental scan of community and school efforts in the district and RPF for DPHIP implementation funding ▶ District-Wide Prevention Messaging Workgroup created a new fall playlist for the KVCAP buses and identified additional settings to share prevention messages ▶ Development of DCC role as Advisory Committee for district HRSA Substance Abuse Treatment grant <p><i>Barriers encountered</i></p> <ul style="list-style-type: none"> ▶ Volunteers for DCC initiatives are reporting that they are increasingly being asked to serve beyond the scope of their funding sources ▶ Ongoing funding for Oral Health Community Health Worker past year 5 ▶ The Substance Use/Mental Health Workgroup has identified creating recovery supports as a priority yet does not have resources or grassroots engagement to advance the priority 	

Structural and Operational changes, including updates in membership: updating Workgroup charges and membership; ongoing review of membership and adjusting to turnover/filling gaps in sector representation

In-district or multi-district collaborations: Oral Health Grant; District-Wide Prevention Messaging/PICH Communications Sustainability, MaineGeneral HRSA application; Senior Transportation and Neighbors Driving Neighbors pilot; Poverty Action Coalition; UWMM and Drug-Free Communities Grant recipients collaboration on ACEs/resiliency; Flu vaccination in schools

Other topics of interest for SCC members: Steadily building participation in and awareness of the DCC has led to more interest in using the DCC to recruit partners and 'asks' to take on work as a district – a good success, but one that highlights our lack of resources to complete some work identified by the DCC.

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