



Statewide Coordinating Council for Public Health District Coordinating Council Update

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| District: Central | Date: September 19, 2019 |
| <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 July 23 DCC meeting we elected a new SCC Representative and heard updates from our DCC workgroups and meeting attendees. Nicole Poulin from MaineGeneral Health and Jim Wood from KVCAP/DCC Chair presented the results of the District-wide Prevention Messaging Evaluation for the Kennebec Explorer buses and workgroup next steps. We then closed out our 5-year Maine Oral Health Funders project, with Jane Allen, Anne Conners, and Wendie Lagasse from MaineGeneral presenting on the grant work results and impact, and introducing Jane’s new maternal/child Community Health Worker (CHW) Role for 2019-20. Nicole Breton, Director of Rural Health, Oral Health, and Primary Care at Maine CDC then briefed us on the New Maine Oral Health Program and upcoming work in the district, and Becca Matusovich, Director of the Partnership for Children’s Oral Health, described the Partnership, their strategic priorities, and the Dental Trade Alliance Foundation proposal we drafted together to start the next phase of our district oral health improvement efforts.</p> | |
| <p>Ongoing or upcoming projects or priority issues: District-Wide Prevention Messaging to priority populations; Partners for Recovery (PFR/HRSA) Grant; ACEs-Resilience trainings and resources; input for the Maternal Child Health Needs Assessment; transportation services and volunteer efforts; participation in 211 and tracking issues in service coverage; recruiting/maintaining sector membership; coordination with hospital Implementation Strategies/Shared CHNA; 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)-Resilience Workgroup is assisting Healthy Northern Kennebec with the Emily Read Daniels ‘Cultivating Trauma-Informed Communities’ on September 25 ▶ PFR Stigma Workgroup and Screening & Referral Workgroups met to continue progress on workplan <p><i>Successes achieved</i></p> <ul style="list-style-type: none"> ▶ The Stigma Workgroup has completed several focus groups and is conducting surveys now of individuals with lived experience, medical staff, front line staff, and community members ▶ The ACEs-Resilience Workgroup updated the district training and resources handout and is partnering with KVCAP to include a diaper drive as part of the scheduled September trainings ▶ The District-Wide Prevention Messaging Workgroup met to develop the new fall playlist ▶ The DCC continues to advise the PFR/HRSA Grant and assist with workgroup recruitment <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 on multiple boards and committees ▶ Loss of funding for our Oral Health Community Health Worker beyond year 5 ▶ DCC Leadership continues to review workgroup charges and possible partnering alternatives to determine how to proceed with funding changes | |

Structural and Operational changes, including updates in membership: elected new SCC Representative; updated Committee and Workgroup charges and membership; ongoing review of membership and adjusting to turnover/filling gaps in sector representation

In-district or multi-district collaborations: Dental Trade Alliance Proposal; District-Wide Prevention Messaging/PICH Sustainability, PFR/HRSA Grant; Naloxone Distribution; Senior Transportation/Volunteer Driving; Poverty Action Coalition; UWMM and Drug-Free Communities Grant recipients collaboration on ACEs/Resilience; Hospital CHIP and IS (implementation strategy) collaboration; school flu vaccination

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