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Statewide Coordinating Council (SCC) for Public Health

Meeting Package



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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**STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH
QUARTERLY MEETING AGENDA**

June 27, 2013, 11:00-3:00 PM (please feel free to bring your lunch)
Augusta Armory, 179 Western Avenue, Second Floor

SCC Purpose

The Statewide Coordinating Council for Public Health, established under Title 5, section 12004-G, subsection 14-G, is a representative statewide body of public health stakeholders for collaborative public health planning and coordination.

The Statewide Coordinating Council for Public Health shall:

- *Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation;*
- *Assist the Maine Center for Disease Control and Prevention in planning for the essential public health services and resources to be provided in each district and across the State in the most efficient, effective and evidence-based manner possible.*

- 11:00 **SCC meeting convenes:** Welcome, review agenda (*Dr. Sheila Pinette & Shawn Yardley*)
- 11:15 **Review minutes & evaluation results** from the March 28, 2013 meeting (*Dr. Sheila Pinette*)
- 11:30 **SCC Subgroup Updates & Report**
 - **Health Disparities** (*Jessica Loney*)
 - **Planning & Coordination: Health Needs Assessments**
(*Jerry Whalen, Andy Coburn*)
- 11:45 **MaineHealth's Health Index project : Linking One Maine Health CHNA and the MUCHNA and the County Health Rankings** (*Deb Deatrck*)
- 12:00 **Improving Population Health through Value Based Insurance Design – Putting New Models to Work to Benefit Maine People.** (*Kevin Lewis*)
- 12:20 Break**
- 12:30 **Discussion: SCC Leadership Nominations for September 2013 Election** (*Shawn Yardley*)
 - Chair
 - Vice Chair
 - Executive Committee Seat
 - Former Chair- Executive Committee Seat
- 12:45 **State Health Improvement Plan (SHIP) Process** (*Nancy Birkhimer & Sharon Leahy-Lind*)
 - SHIP Priority Area Rountable
-Review Draft SHIP Objectives & Strategies
- 1:45 **SHIP Debrief** (*Nancy Birkhimer*)
- 2:00 **District Updates** (*SCC DCC Representatives*)
 - By-laws
 - DPHIP
- 2:50 **Evaluations, Next Steps** (*Shawn Yardley*)
- 3:00 **Adjourn**

**Statewide Coordinating Council for Public Health
Meeting Minutes for June 27, 2013 11:00 am to 3:00 pm
Augusta Armory, 2nd floor, 179 Western Avenue, Augusta, ME**

In attendance:

Members

Peter Crichton, Andrew Coburn, Jim Davis, Kristen Dow, Joanne Joy, Betsy Kelly, Jessica Loney, Geoffrey Miller, Lorrie Potvin-Marquis, Connie Putnam, Kristi Ricker, Jerry Whalen, Shawn Yardley, Cheryl Zwingman-Bagley, Martha Webster, Sharon Leahy-Lind, Dr. Sheila Pinette (by telephone)

Others

Adam Hartwig, Becca Matusovich, Deb Deatrack, Jamie Paul, Jessica Fogg, Chris Pezzullo, Vanessa Santorelli, Kris Perkins, Nancy Birkhimer, Jamie Comstock, Sandra Parker, Valerie Ricker, Paula Thomson, Amelie Sundquist, Bill Boeschstein, Ron Duprez, Susan Kring, Al May, Kevin Lewis, Katie Woodbury

SCC meeting convenes. Dr. Sheila Pinette brought the meeting to order and reviewed the Agenda followed by introductions of meeting attendees.

Shawn presented a Certification of Recognition to Steve Fox and for Emilie Van Eeghen for their dedicated service to the State Coordinating Council and for representing the people of the their Districts.

Shawn Yardley announced that he has taken a job with Penobscot Community Health Care effective in August.

Review minutes - Minutes from March 28, 2013 were accepted as written.

Evaluations, Next Steps – (Dr. Pinette)

Dr. Pinette reviewed evaluation results from March meeting with participants. She urged people to fill out the Evaluation sheets explaining that the results are very helpful for future meeting preparation and planning.

SCC Subgroup Updates & Report

- **Health Disparities** (*Jessica Loney*)

- **Planning & Coordination: Health Needs Assessments** (*Jerry Whalen, Andy Coburn*)

Andy – we are trying to bring all community needs assessments going on in the state together. If all of these can be aligned it will make the process more efficient. We had a very large and

engaged workgroup. We are aiming towards establishing a common framework and metric that organizations will agree to. Hoping to complete the process and roll out by fall, 2013.

Nancy Birkhimer – Metrics group – working on an agreement for this. There are 160 indicators as a common set with another 100 as subsets. There are details to work out.

Jerry Whalen – Not just hospitals and public health groups are doing these. Shawn and Jerry created a survey. People will receive surveys by email shortly - tomorrow or next week, please return as soon as possible. We want to make sure these models work for everyone. We are trying to decide what to call this and came up with Maine Shared Health Needs Assessment Planning

Maine Health's Health Index project: Linking One Maine Health CHNA and the MUCHNA and the County Health Rankings *(Deb Deatruck)*

Please refer to power point handout.

Improving Population Health through Value Based Insurance Design – Putting New Models to Work to Benefit Maine People. – *(Kevin Lewis)*

- Held to same standard as any other health plan
- Open enrollment in October and Plan will begin in January.
- Mission to partner with Maine people, businesses and health professionals

Please refer to handout for more information

Discussion: SCC Leadership Nominations for September, 2013 Election

Chair – Shawn Yardley nominated

Vice Chair Geoff Miller

Executive Committee Seat Laurie Marquis Potvin nominated

Former Chair – Executive Committee Seat will be Joanne Joy unless someone else is nominated and is elected as the Chair and then Shawn Yardley would take this seat.

Sharon urged people to send any other nominations to either her or Katie Woodbury for placement on the September ballot.

Sharon went over the process letting members know how the election process will work.

Inform members before next meeting if they are not going to be present they will be able to vote remotely.

State Health Improvement Plan (SHIP) Process – Sharon gave a brief summary of this process and thanked people for their input. She then introduced Nancy Birkhimer.

Please refer to Power Point Handout from presentation

Attached please find the notes from the Roundtable discussion.

District Updates - Please refer to handouts.

There will be an update at the September meeting regarding the Accreditation process.

Sharon Leahy-Lind acknowledged Nancy Birkhimer for all her hard work in the past couple of years with the State Health Improvement Plan.

Adjourn - Meeting adjourned at 3:00 PM

Next meeting: September 19, 2013 11:00 A.M. 3:00 p.m., Augusta Armory

Linking MaineHealth's Health Index Initiative to National, State and County Health Needs Assessments

**State Coordinating Council for Public Health
June 27, 2013**

**Deborah Deatrck
SVP, Community Health, MaineHealth
deatrd@mainehealth.org**

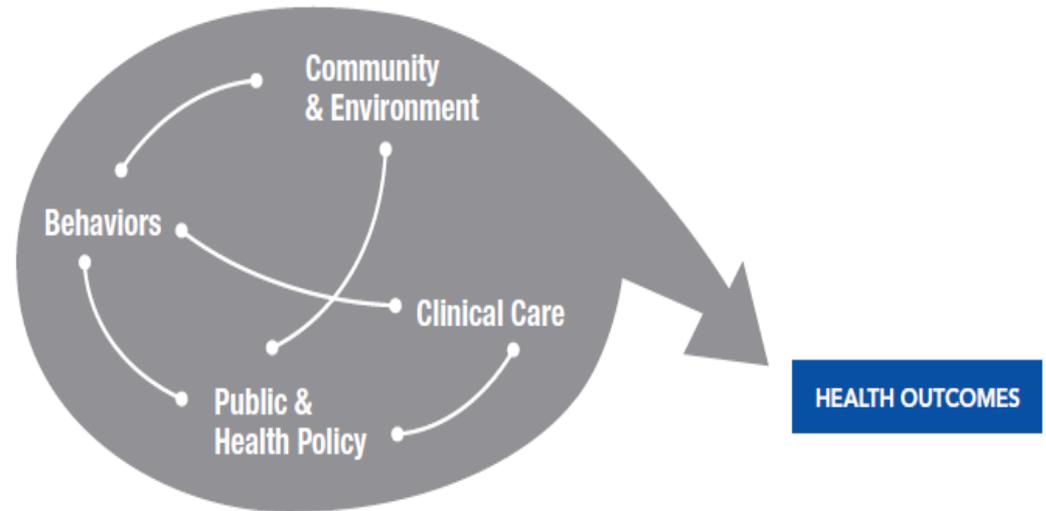
Today's Discussion

- **Demand for community health needs assessments is growing:**
 - Affordable Care Act
 - Accreditation of state and local health departments
 - Accountable Care Organization growth – population health
- **Need to link data-based initiatives:**
 - America's Health Rankings, County Health Rankings
 - MaineHealth Health Index
 - OneMaine Health CHNA
 - State Health Assessment, SHIP
 - District Health Improvement Plans
 - Others

-
- America's Health Rankings
 - County Health Rankings
 - MaineHealth Health Index
 - Data Sources
 - OneMaine Health Community Health Needs Assessment
 - State Health Assessment
 - HMP and other assessments

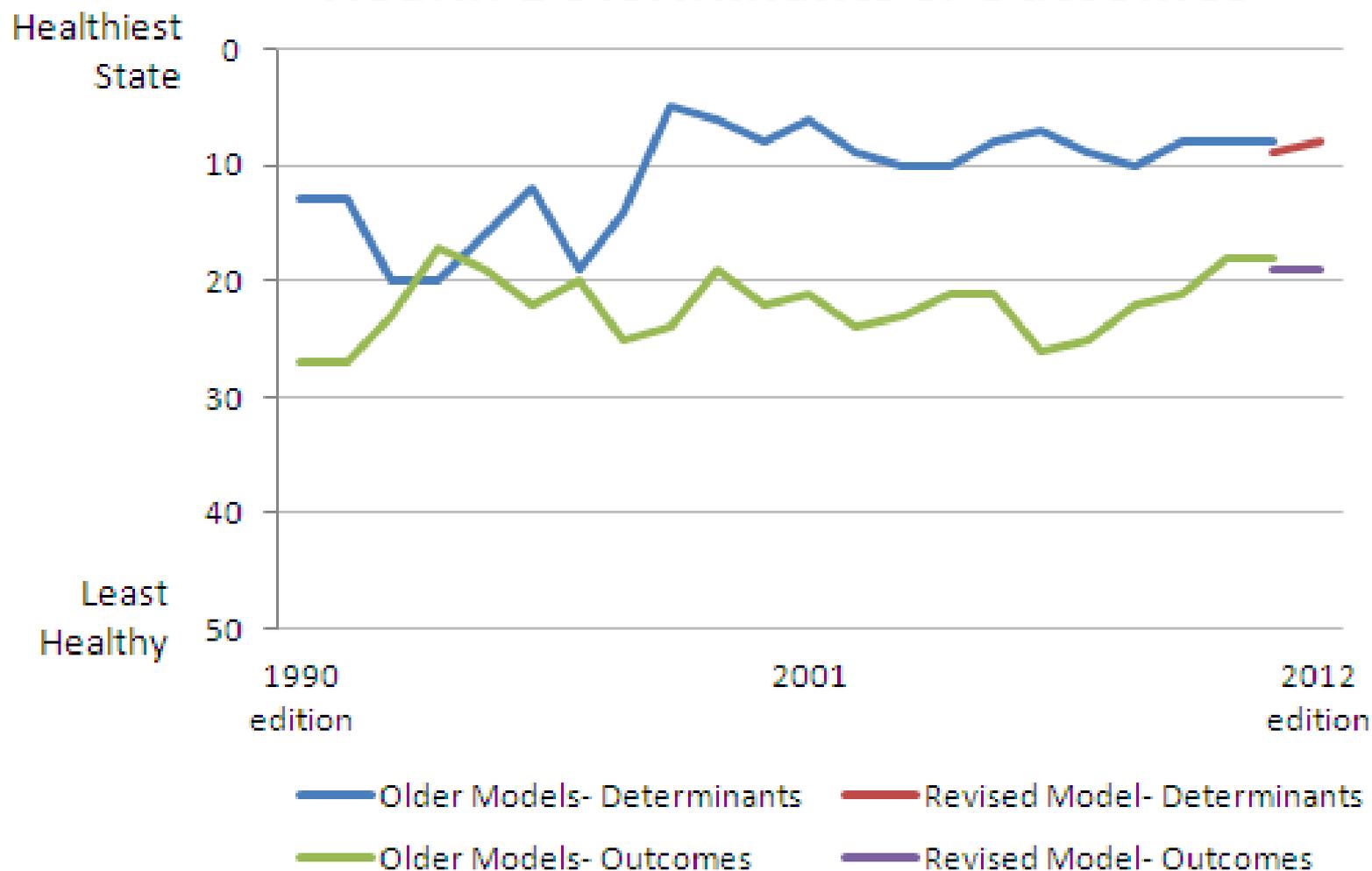
Foundation for Health Index Initiative: America's Health Rankings®

- Annual ranking of 50 states for 22 years.
- Monitors social determinants of health, not just clinical care.



- Scientific foundation for ranking states
 - ❖ Regular review and refinement of methodology
 - ❖ Each measure is weighted, based on degree it influences health of a population

Maine Component Ranks: Health Determinants & Outcomes



Health Outcomes Rankings: Change Over Time

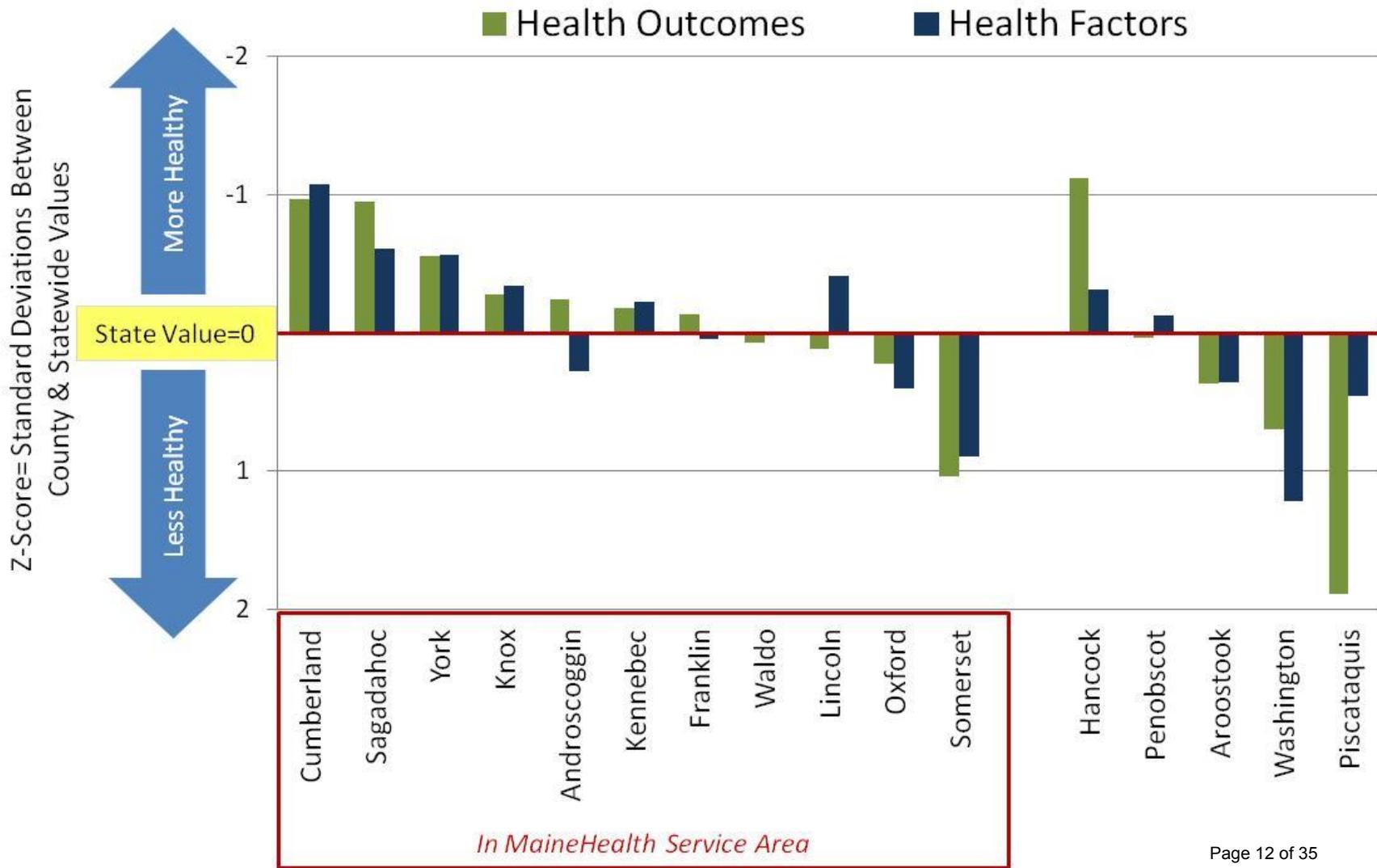
Biggest contributor to a change in a county's health outcomes rank was a change in the premature death rate.

- Premature death is the single mortality measure in the County Health Rankings.
- It contributes 50% to the overall Health Outcomes Ranking.
- Four morbidity measures contribute the remaining 50%. Is less variation across counties for these measures.

County Health Rankings		Health Outcomes Overall Rank			
		2010	2011	2012	2013
MaineHealth Service Area					
	Cumberland	3	3	3	2
	Sagadahoc	7	4	1	3
	York	5	6	4	4
	Knox	6	7	5	5
	Androscoggin	11	12	11	6
	Kennebec	8	9	9	7
	Franklin	1	2	8	8
	Waldo	9	8	6	10
	Lincoln	4	5	7	11
	Oxford	16	16	15	12
	Somerset	14	14	14	15
Northern Maine Counties					
	Hancock	2	1	2	1
	Penobscot	10	11	10	9
	Aroostook	13	13	12	13
	Washington	15	15	16	14
	Piscataquis	12	10	13	16

Health Outcomes & Factors Z-scores of Maine Counties

County Health Rankings 2013



Ultimate Goals of Health Index Initiative

1. Call to Action-

- **Prioritize Health Issues & Identify Improvement Opportunities**
- **Activate Across MaineHealth Organizations**
 - Evidence-based Allocation of Resources
 - Patient/Family Centered Medical Home Model
 - Accountable Care Organization
- **Collaborate with External Partners**

2. Routine monitoring of population health status

- Primarily for priority health issues.
- Are we making a positive impact?
- Do we need to adjust strategies, or reallocate resources?

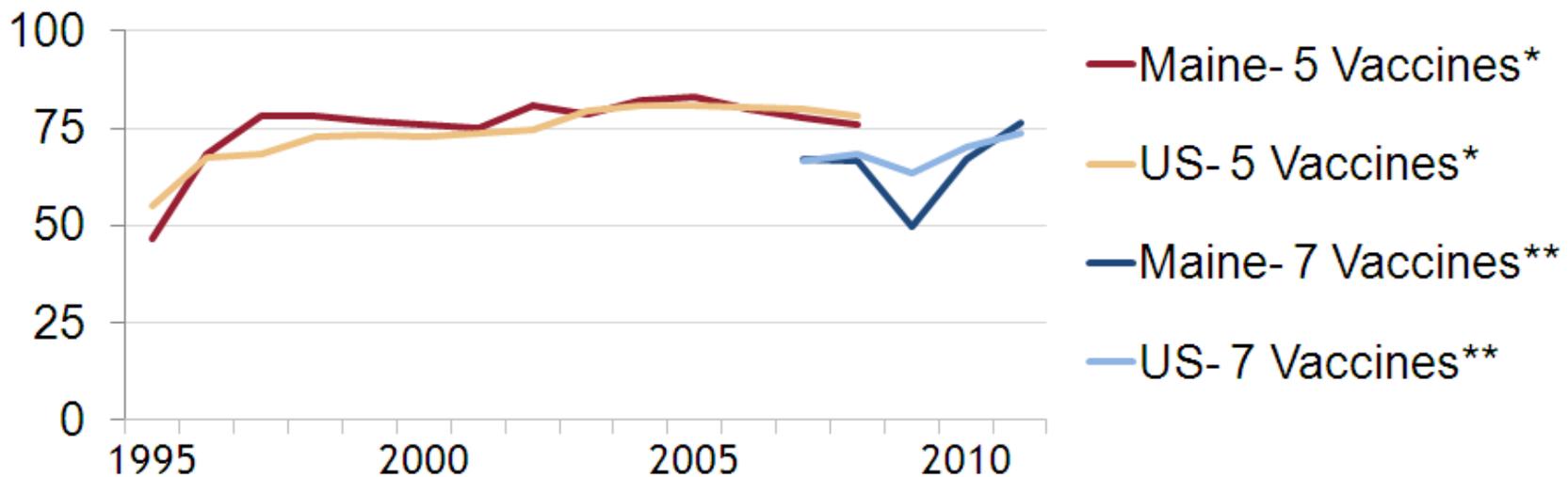
Increase Childhood Immunizations

National Immunization Survey 1995-2011

Percent of 19-35 Month Olds in Sample

Up-to-Date For Recommended Immunizations

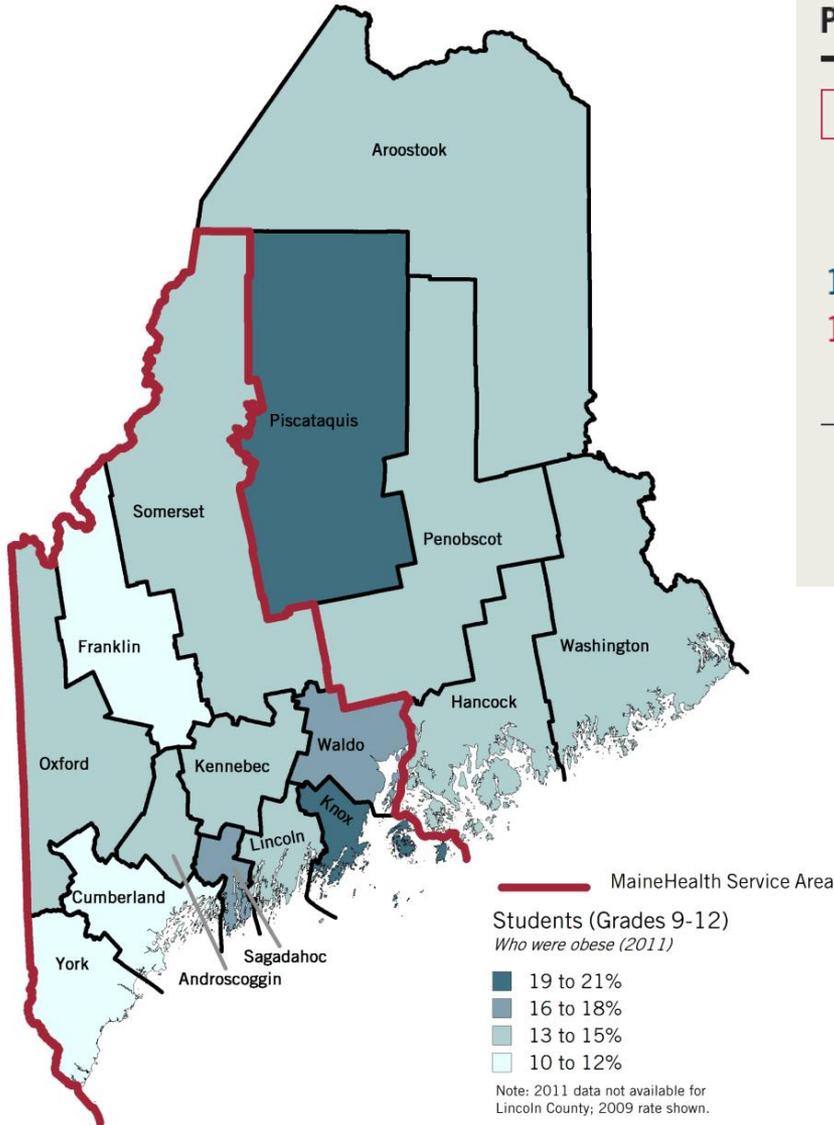
(Total number of doses received on time, based on recommended schedule from the U.S. Centers for Disease Control & Prevention)



* **Five Vaccines** include Diphtheria-Tetanus-Pertussis (4+doses), Polio (3+ doses), Measles-Mumps-Rubella (1 dose), Haemophilus Influenza B (3+ doses), and Hepatitis B (3+ doses)

** **Seven Vaccines** include the five listed above plus Varicella (1 + doses) & Pneumococcal Conjugate Vaccine (4+ doses)

Decrease Obesity



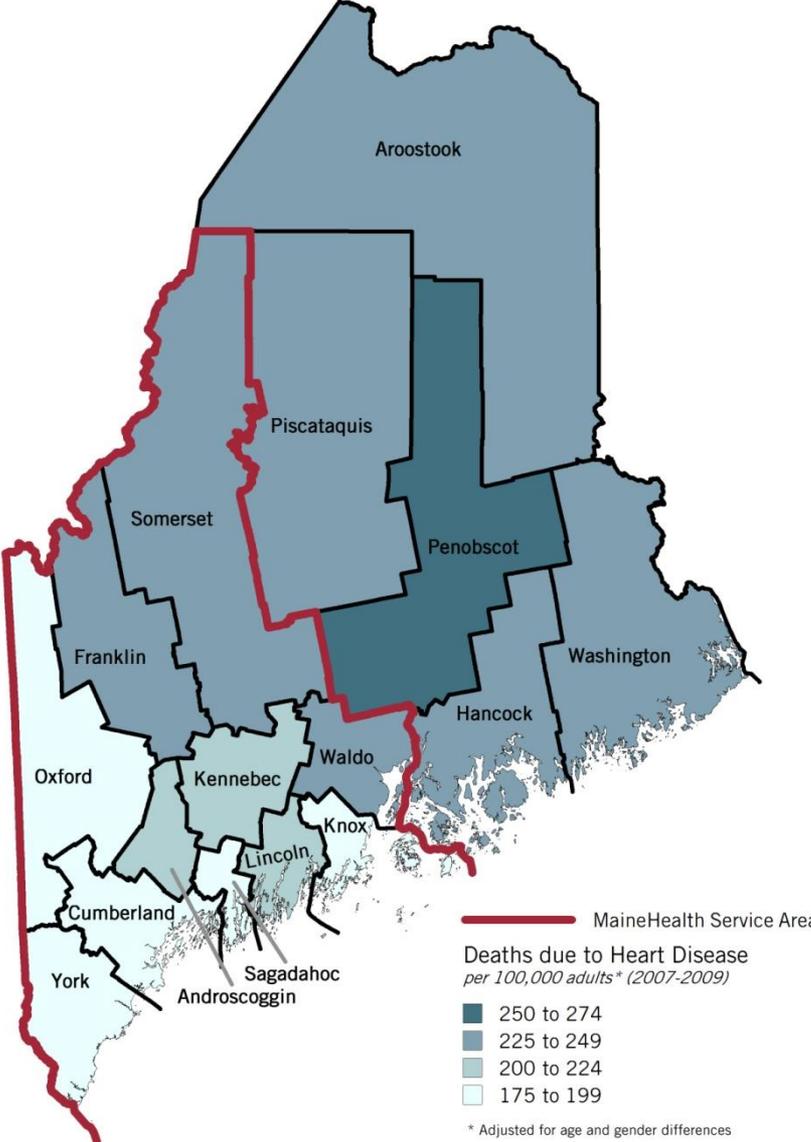
Percent of Adults Who Are Obese (BMI \geq 30.0)¹⁵



The 2011 data presented in this graph are not directly comparable to prior years.¹



Reducing Cardiovascular Mortality



Cardiovascular Mortality in Maine³³ Figure 18

	2000	2009	% Decrease
Overall cardiovascular disease	308 *	208 *	33%
Heart disease	231 *	156 *	32%
Coronary heart disease	164 *	96 *	41%
Heart attack	61 *	33 *	45%
Heart failure	19	17	14%
Stroke	56 *	38	33%

Rates are calculated per 100,000 population and age-adjusted to the year 2000 U.S. standard population.
 *Maine rate was significantly lower than the U.S. rate.

Getting to the Next Level

1. *Reduce tobacco use & obesity*
2. *Million Hearts™ initiative*
3. *Continue focus on heart attacks*
 - *Educate on signs of heart attack*
 - *Reduce time-to-treatment*
4. *Care management & home health*

Next Steps

- Formalize collaboration through an MOU
 - Health Systems
 - Maine CDC
 - Maine Primary Care Association
 - Bangor, Portland Health Departments
 - Maine Hospital Association
 - Others
- Develop shared timetable
- Secure resources
- Coordinate and collaborate on local forums
- Establish partnerships for implementation
- Provide enhanced access to data, technical assistance

Comments and Questions?

Contacts:

Deborah Deatrck MPH

deatrd@mainehealth.org

or

Timothy Cowan, MSPH

Director, Health Index Initiative

cowant@mainehealth.org

SCC June 27, 2013 Evaluation Summary

- 15 Evaluations completed and submitted
- Overall the Agenda with a mix of information, presentations, and interactive engagement worked well
- Improvements suggested were related to use of time; updates to be no more than 5-10 minutes, handouts when there is detailed information. Also there is a need to make entry or re-entry to the building possible once the meeting started.
- 8 participants report being very engaged, while 7 were somewhat engaged.
- There are many topics the people are interested in hearing more about, the Affordable Care Act implementation issues were listed most often.

Member/participant status	What worked well for you at today's meeting?	What could be improved?	Did you feel engaged in discussions and presentations? In what ways?	What topics/content would you like to discuss at upcoming SCC Meetings?
7 SCC Members	<p style="text-align: center;">Agenda:</p> <ul style="list-style-type: none"> • Full Agenda with great information • Flowed well • Nice mix of Presentations and Interactive • Nancy's, Deb's and Kevin Lewis's presentations • Great attendance in the morning 	<p style="text-align: center;">Time</p> <ul style="list-style-type: none"> • Disparities Report Long • Handouts needed for dense information • Updates should be 5-10 minutes • Wonder why participation dipped after 12:30 • Need a way to get back into the building 	<p>5 Very engaged 2 Somewhat Engaged</p>	<ul style="list-style-type: none"> • Community Care Teams – and the way social determinants are integrated into medial model • Healthy Homes • MPHA legislative direction • CTG Leadership Committee • More info about Affordable Care Act implementation in Maine • Connecting the PH groups to the ACA – how to help mobilize and get people involved.
1 Key Stakeholder	<ul style="list-style-type: none"> • Liked the mix of presentation and activity • Format provided opportunities for everyone in the room to participate or provide input 		<p>1 Very engaged</p>	
7 Interested Parties	<p style="text-align: center;">Agenda and process</p> <ul style="list-style-type: none"> • Good mix of agenda items • Content: good information • Good discussion/questions – showed engagement in the presentations • Having district updates again is appreciated • Dr. Pinette's dedication to attending by phone – thank you and get well soon! • Health disparities report 	<p style="text-align: center;">Time</p> <ul style="list-style-type: none"> • Fewer agenda items – discussion was sometimes cut short due to time • Not starting on time • Not enough time made it feel rushed • Try to stick to the time allotted on agenda • Need a way to get back into the building- or for late arrivals to get inside 	<p>2 Very Engaged 5 Somewhat engaged</p>	<ul style="list-style-type: none"> • Ways to educate rural hospitals around what Jerry and Deb say hospitals are required to do around community health • Implications of the ACA insurance implementation for public health, the SCC and the DCCs • Impact of not expanding Medicaid in Maine • Accreditation (state and local)



Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: June 14, 2013
<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</p> <ul style="list-style-type: none"> ➤ DCC bylaws revised and vote taken to approve. Copy of signed by-laws forwarded to Maine CDC administration 3/29/13. ➤ Dates of note in Aroostook District: <ul style="list-style-type: none"> 6/17/13 CTG Aroostook District Site Visit 7/05/13 Aroostook DCC Steering Committee Meeting 7/22/13 *proposed date Aroostook Lyme Disease Forum 8/02/13 Aroostook DCC Meeting 	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> ➤ Continue District Public Health Improvement Plan activity step discernment process ➤ Lyme Disease presentation 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> ➤ Whether activities were able to be completed on schedule <ul style="list-style-type: none"> • District Priorities established based upon Essential Public Health Services (EPHS #3, 4,7 and on a limited basis 8,9,10) • EPHS Sub-standards prioritized • EPHS Focus established ➤ Successes achieved <ul style="list-style-type: none"> • University of Maine Cooperative Extension board presentation about the Senior Companions Program as a potential resource for elders to receive home visits. ➤ Barriers encountered <ul style="list-style-type: none"> • DCC learned that Aroostook Regional Transportation System (ARTS) was not a successful applicant in the RFP process to provide broker services for MaineCare clients. How this will impact existing services for non-MaineCare eligible residents of Aroostook County is uncertain. • This continues to be unresolved and a major concern* 	
<p>Progress with Community Transformation Grant:</p> <ul style="list-style-type: none"> ➤ Activities completed during the quarter : 	

District Name : Aroostook

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



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

- All CTG ECE and school site visits were conducted; action plans were developed, addressing physical activity and nutrition objectives.
- “Recess Rocks” trainings were provided: Fort Street Elementary staff and statewide CTG meeting
- A “Color Me Healthy” training was developed and presented in Houlton
- Aroostook ECE workshop day (6 contact hrs) held for all licensed providers countywide
- Wittfitt pilot outcomes presented to interested school champions and partners countywide
- Barriers encountered: CTG in school sector doesn’t feel as well structured as ECE sector. Planning to spend this summer break time forming a district plan for effective CTG work in Aroostook schools.

Structural and Operational changes, including updates in membership.

DCC Bylaws approved; Dr. Rachel Albert, Vice President of Academic Affairs, University of Maine at Fort Kent, elected to Board Chair position

In-district or multi-district collaborations: Aroostook District continues to work closely with the Wabanaki Public Health District on CTG and other programs.

Other topics of interest for SCC members:

District Name : Aroostook

2

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Central	Date: June 27, 2013
<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 April 23 DCC meeting, we approved the revised DCC Bylaws, and heard champion ‘pitches’ on what the DCC could do to make a difference on each of the DPHIP update priorities we chose in January -- Mental Health & Substance Abuse, Physical Activity, Immunization, Oral Health, and Tobacco. Participants identified “Where are you willing to put your time & energy?” and worked on problem statements, strategies, and measures.</p>	
<p>Ongoing or upcoming projects or priority issues: CTG workplan, deliverables, and expanded Oversight Committee; new DCC bylaws; District Public Health Improvement Plan 2013 update; July DCC meeting.</p>	
<p>Progress with District Public Health Improvement Plan (DPHIP): <i>Activities planned for completion during the quarter & whether activities were able to be completed on schedule</i></p> <ul style="list-style-type: none"> ▶ 2013-15 update in process; final plan strategies to be discussed at July DCC meeting ▶ Use Central District Public Health Unit updates and DCC website to communicate important information to DCC, LHOs, & partners – ongoing task with updates going out weekly as needed ▶ Establish & implement DCC Vaccination Work Group & communication network – ongoing <p><i>Successes achieved</i></p> <ul style="list-style-type: none"> ▶ Updated DPHIP priorities: Mental Health & Substance Abuse, Physical Activity, and Oral Health ▶ Drafted preliminary problem statements, strategies, partners, and measures <p><i>Barriers encountered</i></p> <ul style="list-style-type: none"> ▶ Staff and volunteer resources to focus on DPHIP development, data/intervention analysis, implementation, and workgroup support 	
<p>Progress with Community Transformation Grant: <i>Activities planned for completion during the quarter & whether activities were able to be completed on schedule</i></p> <ul style="list-style-type: none"> ▶ Outreach/recruitment of early care and education sites, schools, and community organizations ▶ Completed CTG site visit and quarterly reporting ▶ Student-led video projects posted to ‘CTG Central’ You-Tube channel ▶ Consideration of Active Community Environments objective for next year <p><i>Successes achieved</i></p> <ul style="list-style-type: none"> ▶ 57 Early Care and Education (ECE) sites, four schools, and 16 stakeholder groups enrolled in CTG ▶ Distributed new physical activity resource books for Early Care and Education sites ▶ Shared resources and training opportunities in our first ‘CTG Central Child Care’ e-newsletter to ECE providers; success stories sent out regularly to district email list <p><i>Barriers encountered</i></p> <ul style="list-style-type: none"> ▶ Staff time to work on all the good ideas from CTG Oversight Committee and other partners 	
<p>Structural and Operational changes, including updates in membership. Bylaws revision approved at April 23 DCC meeting; signed copy sent to SCC and Maine CDC for signature on May 1. New CTG Oversight Committee, DCC officers, and SCC representative to be approved at July DCC meeting.</p>	
<p>In-district or multi-district collaborations: Lyme Disease Prevention Forum, MaineGeneral Diabetes Prevention CTG Grant, Shared Youth Vision Council, Jackman Health Center sustainability.</p>	
<p>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.</p>	

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Cumberland	Date: 6/27/13
<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</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> ○ Community Transformation Grant- Annual Site Visit (June 19), Physical Activity and Nutrition Work Group Meeting (June 20), implementation ongoing. ○ Robert Woods Johnson’s Shared Services Learning Community- Working in partnership with Portland Public Health. Regional (Casco Bay, Lakes, Portland, and Rivers) discussion groups are planned for the summer. Tentative dates include July 11, July 18, July 25, and August 1, 2013. ○ DPHIP Prioritization process complete for 2013-14 priorities. ○ Bylaws amended based on SCC recommendations, submitted to SCC Steering Committee & Dr. Pinette May 31, 2013. ○ Council Annual Report for 2012-2013 released. Report can be found at http://www.portlandmaine.gov/hhs/cdphcannualreport2013.pdf . 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> ● From November through May, the DCC engaged in the DPHIP planning process. Steps included: <ul style="list-style-type: none"> - Reviewing SHA data, progress on previous DHIP priorities, and taking additional nominations for new DPHIP priorities to consider - Deciding on criteria to use for the selection process - Gathering additional information through a survey monkey and conversations with existing workgroup leaders to inform the scoring of the potential priorities on the identified criteria - Weighting of the criteria and scoring of the potential priorities using a standard prioritization tool - Presenting list of recommended priorities for selection to DCC and discussion about how many to select - Final decision to be made at April Executive Committee meeting ● Priorities selected: <ul style="list-style-type: none"> - Obesity/Physical Activity/Nutrition - Health Equity - Tobacco - Public Health Preparedness - Flu Vaccination - STDs/Reproductive Health - Healthy Homes 	

Cumberland District

1

6/14/12

22 M.R.S. §412 (2011).

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Statewide Coordinating Council for Public Health District Coordinating Council Update

- Mental Health & Substance Abuse
- Infrastructure priorities remain EPHS #3 (Inform, Educate, Empower), #4 (Mobilize Partnerships), and #7 (Link people to needed health care services)

Progress with Community Transformation Grant:

- o Oversight Sub-Committee (OSC) met on May 20, 2013. The next OSC meeting is scheduled for August 26, 2013.
- o CTG Coordinator and staff attended the 2013 Action Institute on 4/25 & 4/26 in Auburn.
- o OSC approved Year 3 budget and work plan submission process. All sub-contractors informed of the process and deadlines for submission.
- o CTG coordinator, DL, and others participated in 3 Technical Assistance calls (April, May, and June).
- o The staff coordinator participated on March 27, 2013 grant management call and will be on the June 26, 2013 grant management call.
- o CTG coordinator uploaded performance monitoring data to evaluation database, as needed.
- o CTG coordinator submitted Quarterly Cost Study data to the CTG Wiki site.

CTG coordinator submitted Communications tracking data for Q1 and Q2 (backlogged) per request of State team.

Structural and Operational changes, including updates in membership.

Steve Fox stepped down as the Cumberland District Representative to the SCC.

Membership Committee nominated and Council voted to approve 3 officer positions at the May 17, 2013 meeting:

- Vice-Chair: Colleen Hilton (term ends 2015)
- Treasurer: Deb Deatruck (term ends 2015)
- Representative to the SCC: Kristen Dow (term ends 2015)

The Council voted to amend its by-laws at the May 17, 2013 meeting. The approved amendments eliminated a conflict in the language.

In-district or multi-district collaborations:

Cross-Jurisdictional Sharing Grant Leadership Team met on March 26, 2013 and May 01, 2013.

Other topics of interest for SCC members:

Worked with MeCDC Infectious Disease Epidemiology program to co-sponsor a lyme disease forum on June 11th.

Cumberland District

22 M.R.S. §412 (2011).

A. A district coordinating council for public health shall:

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A-1. The tribal district coordinating council shall:

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Down East	Date: 17 June 2013
<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</p>	
<p>DCC Meetings</p> <p>March 22 at Maine Seacoast Mission in Cherryfield with nineteen participants.</p> <ul style="list-style-type: none"> • Reviewed seven categories of district priorities for DPHIP • Top three voted categories: Environmental Health, Food Policy & Access, and Clinical Health Care Systems • Updates Provided for Tribal, SCC, and CTG. <p>May 24 at Maine Seacoast Mission in Cherryfield and by Adobe Connect with nineteen participants. Subject Environmental Health:</p> <ul style="list-style-type: none"> • Meeting format was changed to two hours instead of three hours • Presentation on Well Water Issues in Maine • Presentation on Climate Adaptation will be done at future meeting • Focus of meeting was on the first priority Environmental Health • Committee was formed with backbone support from Healthy Acadia • Next meeting on July 26 will be on Food Policy & Access; September 27 on Clinical Health Care Systems 	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> • Regional Public Health Hazard Vulnerability Analysis in Bangor in August • Identify and develop means to coordinate services and communicate with Vulnerable Populations. • Lyme Disease Forum in Ellsworth on June 26 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> • Voting for top three strategic issues done at March 22 DCC meeting (see below). • Next three DCC meetings will focus on each of these priorities: <ul style="list-style-type: none"> ○ May 24: Environmental Health – held ○ July 26: Food Policy & Access ○ September 27: Clinical Health Care Systems • Each of these meetings starts with a presentation on an initiative pertinent to the topic. For example, Environmental Health had presentations on Well Water and Climate Adaptation planned. Then there is clarification of Collective Impact==Lead Person or Organization and Backbone Support. SMART Objectives are reviewed and then the priority topic is better defined. • Outcome is to have a committee form that will take the lead on this priority and develop doable strategies and activities. 	

Downeast District

1

June 27, 2013

¹Section 5. 22 MRSA c. 152

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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 Update

Progress with Community Transformation Grant:

- We welcomed Georgina Kendall as our new CTG Coordinator, who started at the Action Institute.
- We have had one collaborative meeting bringing the partners from CTG 1, CTG 2, and CTG Tribal to start mapping out alignment of work.
- Early Care Education Support Groups (based on Bucksport Model) are meeting in various locations order to provide sustainable mentoring and provider support mechanism.
- ECE sites being recruited during Year Two: we now have 38 of 41 target ECE sites enrolled.
- GIS Mapping of schools and ECE sites in relation to farms and local food resources.
- School Advisory Team and Objectives are being initiated.
- Some early discussion of taking on Clinical BP/Cholesterol Objective
- ECE Provider Conference in September in Ellsworth
- Site visit with State Evaluation Team on June 14

Structural and Operational changes, including updates in membership.

- **Bylaw** ad hoc committee formed==plan to have draft in late June/early July
- DCC sent letter to SCC (Dr. Pinette and Shawn Yardley) requesting clarity of role of DCC in future; what language Maine CDC is using to describe the role and work of the DCC

In-district or multi-district collaborations:

- Behavioral Health Integration Project is looking to develop better case management and crisis care in Washington County
- UNE HRSA Washington County Chronic Disease Management Network Planning
- Shared Youth Vision Council District Initiative

Other topics of interest for SCC members:

Will there be more interaction between SCC Representatives? This seems to be missing as there was at one time a monthly or periodic call to check in with the district reps.

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Penquis District	Date: June 27, 2013
<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</p> <p>An educational Forum on Lyme Disease Subject matter experts on human Lyme disease and deer ticks, their habitat and control presented on Lyme disease and provided information and tools on the prevention of Lyme disease.</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> ➤ Discussion and Planning of and ACES Forum ➤ Partner Tool Planning ➤ District Public Health Improvement Plan revisions- Creating new or supporting existing work in the district ➤ Operationalizing DCC bylaws ➤ Public Health HVA 	
<p>Progress with District Public Health Improvement Plan:</p> <p>The steering committee has been working on a development of action items for each of the identified priority areas.</p> <p>Three Priority Areas Draft Action Steps:</p> <ul style="list-style-type: none"> ➤ Communication and Education-Lyme Disease Forum, The Partner Tool to show linkages and communication successes and areas for improvement ➤ Poverty/ Adverse Childhood Experiences (ACES) –Development phase for a forum dedicated to this topic with health care and public health in the district. Discussion with Penquis Partners and the Penquis Shared Youth Vision Council members to link to ongoing initiatives ➤ Obesity/ Diabetes-Further linkages with work of the CTG effort; including the obesity workgroup who helps with the work plan for CTG 	
<p>Progress with Community Transformation Grant:</p> <ul style="list-style-type: none"> ➤ Activities planned for completion during the quarter <ul style="list-style-type: none"> ○ Childcare training took place on the benefits of doing Yoga with Preschoolers. Providers were also trained how to do yoga with the children in their care, and 	

District Name : Penquis

1

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Statewide Coordinating Council for Public Health District Coordinating Council Update

<p>were given resources to take home that would aid in implementation at their site(s)</p> <ul style="list-style-type: none"> ○ Closed out the school year with a final count of 8 schools in the Penquis District enrolled to participate in the CTG process. ○ All schools have completed an Action Plan for the 2013-2014 school year to work on topics concerning physical activity and nutrition/overall school wellness ○ Lincoln ACE Team met for the first time; Dover-Foxcroft group is slowly taking shape and will be meeting formally as a group before the end of the summer; <p>➤ Whether activities were able to be completed on schedule</p> <ul style="list-style-type: none"> ○ Yes <p>➤ Successes achieved</p> <ul style="list-style-type: none"> ○ Went from 0 to 8 schools being enrolled to participate in CTG at the beginning of this school year ○ Bangor Trails ACE Team held a Trails Day on 6/2/13 in collaboration with Brewer to show community connection between the two towns and highlighted the trails in the region and had some physical activity and nutrition information. Collaborated with SNAP ED and Food & Medicine in Brewer to offer healthy smoothies, and local fruits and vegetables from local farmers who set up tables <p>➤ Barriers encountered</p> <ul style="list-style-type: none"> ○ N/A
<p>Structural and Operational changes, including updates in membership. None at this time</p>
<p>In-district or multi-district collaborations: ➤ Community Transformation Grant</p>
<p>Other topics of interest for SCC members: None at this time</p>

District Name : Penquis

2

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 06/2012

District: Western	Date: June 2013
<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</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> • The District is focused on building membership of the DCC from committed members and is formally requesting all steering committee members participate in this activity. Furthermore, the District is looking at representation on the DCC to include diverse sectors from all three counties. Targeted outreach is being done to address this need. By-laws were approved by the district and have been sent to Dr. Pinette's office for filing with the SCC. • Steering/Oversight Committee still actively seeking a treasurer, all other officer positions are filled. The committee is currently in the process of identifying roles and responsibilities and development of Sub-committees. 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> • The DCC has voted to continue with: <ul style="list-style-type: none"> Promoting influenza & pneumococcal vaccine for people at risk through collaboration and coordination of existing services. The first target population group will be adults in worksite settings. Currently the district has a method for collecting dates of clinics from the hospitals and putting this together in a flyer to distribute throughout the district. This will continue for fall of 2013. Development of an electronic directory first as a compilation of partners involved in the adult influenza pilot project and DCC members. The directory can be used by partners to coordinate future district-wide activities. <p>Currently the directory that has been being utilized has lost some of its functional capabilities making it less effective and useful to the group. As a result of this new research is underway with a free national model that may be able to replace this directory.</p> • The DCC has voted in two new focus priorities as well: <ul style="list-style-type: none"> Behavioral Health and the strategies that will be undertaken are: (1) conducting a survey to gather information about what collaborations currently exist with substance abuse and trauma with primary care providers (including veterans) (2) the DCC will provide forums around cultural sensitivity and (3) Marijuana education for young adults and adolescents. Obesity strategies will be voted on at the July 19th DCC meeting. 	

District Name	1	Date
<p>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.</p> <p>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</p>		



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Statewide Coordinating Council for Public Health District Coordinating Council Update

Progress with Community Transformation Grant:

- **Early Childcare Education:**
32 more fully enrolled (70 total); 11 partial;
Trainings being provided to meet needs of providers, CTG & SNAP: 5210, Nutrition, Gardening
Successful in So Paris, Bethel & Livermore
60 providers trained – want information on storing fresh vegetables
Long term will include focus on Normalization of Breastfeeding, PA & more
Gardening, and preserving foods
- **School Updates:**
Farmington/ RSU #9 – working on all schools becoming Redy 1/ Let’s Go 5210
Turner/RSU #52 – Turner Primary Physician, HA, Sandy Witas – plan for F2S
Working on 5210, Recess Rocks
Leeds/RSU #52 – working on 5210, Recess Rocks, WinterKids
- **ACET Updates:**
Active Community Conference = great success March 22, 2013
24 Contacts made – great connection at HCC
AVCOG – Joan Walton on board:
Farmington ACET, Lisbon ACET, Poland ACET, Phillips – potential

Structural and Operational changes, including updates in membership.

- Reviewed and adapted by-laws to the Western District.
- Creation of DCC membership agreement.

In-district or multi-district collaborations:

- District Database: collaborating with Central District on this initiative.

Other topics of interest for SCC members:

- The District Coordinating Council worked with the MeCDC Infectious Disease Epidemiology program to co-sponsor a lyme disease forum on May 31st.

District Name

2

Date

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: York	Date: June 27th, 2013
<p>Brief review of decisions and outcomes from Executive Committee and DCC meetings held since the 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</p>	
<p>Two Executive Committee (EC) meetings and one Full Council meeting for York District Public Health Council (YDPHC) were held since the last SCC meeting. The EC meetings were held on 4/1/2013 and 5/6/2013. A Full Council meeting was held on 6/3/2013.</p>	
<p>The EC meeting on 4/1/2013 meeting focused on the recruitment, current membership, and revitalization of the York District DCC. It was decided that each DCC meeting would focus on one of the district priorities. This change helped to create new work groups focusing on Public Health Preparedness, Physical Activity Nutrition and Obesity, and Behavioral Health.</p>	
<p>The 5/6/2013 meeting focused finalizing details about the 6/3/2013 Full Council meeting. Also the group brainstormed how we can add value to partner and area organizations to help increase effectiveness of the council.</p>	
<p>The Full Council meeting held on 6/3/2013 focused on the York Pedestrian and Bike network, Maine Bicycle Coalition, and Active Community Environment Teams. The meeting was well attended by many sectors from the York Public Health District. New partnerships were created to help bring some energy to the council. Also of note channel 8 news was on hand to report on the meeting and the discussion around making York County more bicycle friendly.</p>	
<p>Ongoing or upcoming projects or priority issues:</p>	
<ul style="list-style-type: none"> • Continued Recruitment of faith-based, business and private sector membership • Implementation of the Community Transformation Grant Initiative • DPHIP alignment with CTG activities • Continued development of the Council's strategic work plan • Revisiting & Strengthening the Council's Governance & Structure 	

York District

1

June 27th, 2013

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Progress with District Public Health Improvement Plan:

- Activities planned for completion during the quarter: All three DPHIP focus areas work groups continue to meet to guide the work outlined in the DPHIP's focus areas work plans.
- Considering there are no new or additional resources available to do this DPHIP work, work group leaders have kept the momentum going and have judiciously delegated tasks to partners and participating community members. Workgroup leaders have been successful in obtaining resources and support from community partners and local business. The District Liaison is on all the work groups.

Successes Achieved

- **Physical Activity Nutrition and Obesity Workgroup** have met twice during this quarter to plan the full council meeting for June 3rd. The group is working the York Pedestrian and Bike network and Active Community Teams to help improve the health of residents by raising awareness of opportunities for physical activity within the district.
- **Public Health Preparedness work group** has met once this quarter to plan our September meeting during National Preparedness month. Ideas for the council to approve include the possibilities of presentations on Point of Distribution Clinics and the Medical Reserve Corp. The council will make a final decision on the presentations at our July executive committee meeting. Another meeting of the Public Health Preparedness Workgroup will be held afterwards to firm up details.
- **Behavioral Health** work group was formed and a meeting will be scheduled in the coming months to help plan the December DCC meeting. Outreach has been made to the Maine State Police who have a behavioral health training program. Also under consideration is the idea of holding a presentation about how the Affordable Care Act impacts access to healthcare.
- Social Media Work Group was formed and met on 5/22 to develop a proposal to the DCC gain a social media presence. The goal would be to allow for faster communication, outreach, and bring value added to DCC partners and potential partners thru promotion of events.
- Other success The Wells Reserve at Laudholm Farm offered to host our 6/3/2013 full council meeting and our August obesity workgroup meeting; this represents a brand new partner for the York DCC.

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Statewide Coordinating Council for Public Health District Coordinating Council Update

York District CTG progress

- Provided scholarships to attend the May 7th Active Communities Conference in Waterville
- -Attended along with four other York District reps, the CTG Action Institute
- -Continued to provide Active Play workshops to licensed childcare providers in York District. In total, about 43 childcares totaling 143 people have participated in the training
- -Held CTG Oversight Committee meeting on May 6th
- -Enrolled another school, Wells Elementary- total schools enrolled: 10
 - Enrolled two more childcares- total childcares enrolled- 22
 - Held in partnership with the York District Public Health Council the first York County Bike/Ped Network meeting on June 3rd- topic of discussion was Active Community Environments. About 34 people attended.
 - Began work on the CTG York District wikispaces page
 - Overseeing a MPH Practical student, who is focusing her work on physical activity
 - Continued to co-chair the York District Obesity workgroup; meetings held June 5th

Administrative/Other

- Participated on July and August state CTG TA calls.
- Attending a meeting with Cumberland District ACET rep on August 8th to discuss potential ACET work in York District.
- Two copies of the HBO documentary “Weight of the Nation” were purchased.
- Barriers encountered
Lack of time/resources for meetings

Structural and Operational changes, including updates in membership.

The DCC membership list is being evaluated and consolidated. This should help the DCC see where holes in representation are, so targeted recruitment can begin.

In-district or multi-district collaborations:

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. York is working with Aroostook and Penquis Districts on a multidistrict obesity effort.

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

Other topics of interest for SCC members:

The bylaws were approved on March 4th 2013 by the council, and have been implemented. Bylaws have been submitted to the SCC.

Discerning potential public health forums for YDPHC to host.

York District

4

June 27th, 2013

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