Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-8016
Fax (207) 287-9058; TTY (800) 606-0215

Statewide Coordinating Council (SCC) for Public Health

Meeting Package

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

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STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH
DECEMBER 19, 2013

AGENDA

11:00-3:00 PM (please feel free to bring your lunch)
Room 209, 2nd floor, Augusta Armory, 179 Western Avenue

11:00 **Welcome, Review Agenda, Review Evaluation Results** from 9/19/13 SCC Meeting *(Dr. Pinette and Shawn Yardley)*

11:15 **Review of 2013 Annual Report to the Legislature** (*Shawn Yardley)*

11:30 **Accreditation Update / SHIP** *(Kate Marone/Nancy Birkhimer)*

12:10 **Organ Donation Commission** *(Dr. Pinette)*

12:30 **Break**

12:50 **SIM Grant** *(Debra Wigand/Kevin Flannigan)*

1:10 **SHNAPP 2014-2016** *(Jerry Whalen)*

1:30 **Tobacco Program / Tobacco Enforcement** *(Barbara Moeykens/Amber Desrosiers)*

1:45 **Worksite Wellness/Healthy Maine Street/Worksite Wellness Initiatives** *(Bill Primmerman)*

2:15 **Insurance Marketplace – Facts, Numbers,** Changes (*Shawn Yardley*)

2:40 **District Updates – Accomplishments/Challenges re: Bylaws**

3:00 **Adjourn**

Purpose of the SCC

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 t o be provided in each district and across the State in the most efficient, effective and evidence-based manner possible.*

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Statewide Coordinating Council for Public Health

Meeting Minutes for December 19, 2013 11:00 am to 3:00 pm
Augusta Armory, Room 209, 179 Western Avenue, Augusta, ME

In attendance:

Members

Andy Coburn, Jim Davis, Kristen Dow, Nancy Dube, Joanne Joy, Jessica Loney, Lorrie Marquis-Potvin, Robin Mayo, Geoff Miller, Bill Primmerman, Kristi Ricker, Martha Webster, Jerry Whalen, Shawn Yardley and Dr. Sheila Pinette

Others

Doug Michaels, Jessica Sweeney, Adam Hartwig, Paula Thomson, Jessica Fogg, Jamie Paul, Ron Deprez, Brenda Hamilton, Kate Marone, Amber Desrosiers, Stacy Boucher, Kristine Perkins, Nancy Beardsley, Susan Kring, Clarissa Webber, Caroline Tesche, Lori Wolanski, Carrie McFadden, Nancy Birkhimer, Debra Wigand, Kevin Flannigan, Becca Matusovich, Al May, and Barbara Moeykins

SCC Meeting Convenes. Shawn Yardley brought the meeting to order and reviewed the Agenda, followed by introduction of meeting attendees.

Review of Minutes. Minutes from the September 19, 2013 meeting were accepted as written.

Evaluations. Evaluation results were reviewed. Feedback on evaluations helps to form the agenda for future meetings.

Review of 2013 Annual Report to the Legislature. A motion to accept the report as written was made by Shawn Yardley. Jerry Whalen seconded the motion and the vote to accept was passed by the majority of members.

Accreditation Update/SHIP. An update on accreditation status was provided by Kate Marone. Nancy Birkhimer provided a copy of the final draft SHIP. As the SCC has no authority to "approve" the SHIP, no voting took place.

Organ Donation Commission. Jennifer Cray, Volunteer Coordinator for the New England Organ Bank, presented on the Commission's purpose and mission. Dr. Pinette and Karen Knox have both been appointed to the Organ Donation Commission and both spoke briefly.
(NEOB pamphlet available upon request.)

SIM Grant. Debra Wigand and Kevin Flannigan provided updates on the work and status of the SIM Grant. (Copies of presentation available upon request.)

SHNAPP 2014-2016. An MOU is in progress and Eastern Maine Health System, Central Maine Health System, MaineGeneral Health, Maine Health, and Maine DHHS are in the process of a final review and obtaining signatures. Eastern Maine Health has been presenting the partnership plan to the other hospitals in the northern parts of the state. A draft set of metrics and a timeline are being defined. The above hospital systems are working on a job description for a coordinator to work with Maine CDC staff to continue this work.

Worksite Wellness/Healthy Maine Streets/Worksite Wellness Initiatives. Bill Primmerman presented on Small Business Worksite Wellness. Small business worksites, schools and communities are targeted audiences for these initiatives. (Copies of presentation available upon request.)

Insurance Marketplace – Facts, Numbers, Changes. Shawn Yardley spoke on the Insurance Marketplace and the fact that health insurance is still a "hard sell". The challenge: are people focused on a message/campaign that talks about "well care" versus "health care" and educating about prevention and screening?

District Updates. Please refer to handouts.

Adjourn. Meeting adjourned at 3:00 PM

Next Meeting: March 31, 2014 from11:00 AM 3:00 PM, Room 209, Augusta Armory

SCC December 19, 2013 Evaluation Summary

- 8 Evaluations were completed and submitted.
- 3 participants report being very engaged, while 4 were somewhat engaged and 1 was not engaged.

Member/participation 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?
5 SCC Members	• Informative presentations – organ donor program • Worksite wellness • Informative, relevant • Like adobe connect • Flexibility in Agenda to skip non-essential portions • Good that the insurance question was introduced • Full informed agenda	• Networking Lunch – longer than 20 minutes • Consolidate Agenda for shorter day • Front Door access • District reporting last did not work • Interactive segments came late in Agenda and not much interaction • Being engaged earlier would be better	• Very engaged • Discussion time and Q & A's • Very engaged • Very engaged • Time to speak • Somewhat engaged • Too much information too little engagement • Somewhat engaged	• OPEGA Report and potential outcomes impacting public health work • Like to see a refresher presentation on domestic violence prevention and available resources
1 Key Stakeholder	• Remote access added		• Somewhat engaged • Relevant topics and opportunities for discussion	Oral health Accreditation CHWs - SIM
Member/participation 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?**
2 Interested Parties	• Process • Location	• Smaller Agenda with more room • Bigger tables & Time Management	• Not engaged • Too many presentations today • Good mix of power point and speakers but tobacco went too long	• What is our role within the State of Maine • Better advocacy for public health • Taking a position •

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Statewide Coordinating Council for Public Health

Annual Report

2013

The Statewide Coordinating Council for Public Health (SCC) is required under Title 2, Section 104 to report annually to the Joint Standing Committee of Health and Human Services on progress made toward achieving and maintaining accreditation of the state public health system and on streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of public health services.

The Statewide Coordinating Council is a representative statewide body of public health stakeholders that engages in collaborative planning and coordination. Its members provide several key functions, including ensuring that the state public health system is ready for accreditation and helping to determine how best to deliver essential public health services across the State in the most efficient, effective and evidence-based manner possible.

The Statewide Coordinating Council has been integrally involved in the planning and implementation of the improved local public health system that now exists in Maine. This document highlights key activities and successes of the infrastructure at both the State and local levels.

Infrastructure and Efficiency

The Statewide Coordinating Council, Maine CDC, and many partners have worked over the past several years to streamline Maine's public health infrastructure. Among these efforts was significant activity related to enactment of LD1363, "An Act to Establish and Promote Statewide Collaboration and Coordination in Public Health Activities and to Enact a Universal Wellness Initiative." Through these efforts, a stakeholder-driven public health planning and implementation system now exists consisting of:

- The SCC;
- 8 District Coordinating Councils for Public Health and one Tribal District;
- Co-located Maine CDC staff in 8 district public health units;
- Tribal Liaisons; and
- A statewide network of comprehensive community health coalitions (the Healthy Maine Partnerships), two city Health Departments (Bangor and Portland) and close to 500 municipal-based local health officers.

This system encourages participation and input from a broad array of partners involved in public health-related activities at the local, regional and State levels. Improved stakeholder involvement promotes better communication, reduces duplication of effort, increases alignment of the system, and assures that sound public health practice is well-integrated with clinical care, behavioral health, and community service agencies.

Accreditation

In conjunction with improving efficiency and infrastructure, Maine CDC has submitted its Statement of Intent to achieve national public health accreditation. The goal of public health accreditation is to improve services by advancing quality and performance by

ensuring that health departments meet or exceed a set of rigorous national standards. In the near future, federal funding for public health will most likely be restricted to accredited agencies and this effort will position Maine for that eventuality. In preparation for this, Maine CDC has worked to educate and organize staff and develop:

- a State Health Assessment;
- a Community Health Assessment;
- District Public Health Improvement Plan;
- a Community Health Improvement Plan; and
- an agency-wide Strategic Plan

With the Statement of Intent submitted in December 2013, the hope is for a site visit in the summer of 2014. Public Health System Assessments were conducted in a mock review at the district and State levels. Maine CDC organized and participated in a readiness review in October of 2012. Recent accomplishments of the public health infrastructure are outlined below:

Accomplishments of the Planning and Advisory Structures

- Infrastructure and processes to provide aligned, comprehensive health planning processes at all levels continue to evolve. The State and District Public Health Improvement Plans were developed simultaneously, and information was shared between District Coordinating Councils and SHIP workgroups to assure alignment.

- Maine CDC and its SCC stakeholders are working to finalize local public health improvement plans and update District Public Health Improvement Plans (DPHIPs), along with finalizing a comprehensive state-level planning document, Healthy Maine 2020.

- The 2012 State Health Assessment (SHA) was used in developing priorities and objectives for the State Health Improvement Plan (SHIP). Along with its stakeholders, Maine CDC is finalizing the DPHIPs. The SHIP and Healthy Maine 2020 are in the approval process.

- State and District Coordinating Councils for Public Health allow broad stakeholder involvement at the local, district, tribal and State levels. Stakeholders also include traditional public health partners (i.e. Healthy Maine Partnerships, hospitals, primary care providers, mental/behavioral health care providers, educational institutions, emergency management, business, and municipal governments).

- District Performance Reports provide annual updates to the SCC each June. These documents either highlight success stories in the districts or connect socioeconomic status, population health indicators, and cost savings associated with preventable hospitalizations. These reports are updated annually and used by the District Coordinating Councils to track progress in their efforts to prevent avoidable, costly chronic and infectious diseases.

SCC Workgroups

In January of 2012 the SCC Executive Committee, in collaboration with a number of interested members and stakeholders, implemented a framework for integrating priority options into the ongoing work of the SCC. As a result, three subcommittees were created to address these priority areas.

Three areas of particular interest for ongoing work were prioritized:

1) Health Disparities/Health Equity: ways to address issues related to populations with health disparities across all SCC work.
2) Planning and Coordination Committee: includes collaborations and coordination for the multiple planning and assessment processes. This includes planning for effective input and collaboration in response to grant opportunities.
3) Statewide Public Health System Assessment Planning: next steps based on the results of the Statewide Public Health System Assessment.

Accomplishments of SCC Subcommittees

Health Disparities/Health Equity

- The Cumberland Public Health District Health Equity and Disparities Workgroup continues to provide guidance to the Cumberland Public Health District at large. This group has addressed transportation disparities and has sponsored several "Health on the Move" health fairs and screening events and is now being evaluated.

- University of New England's C.H.A.N.N.E.L.S. program is leading efforts to integrate *Cultural Competence, Effective Communication*, and related content into inter-professional student curricula through multiple partnerships. The Riverton Health Clinic has opened to provide health services to culturally and linguistically diverse residents at Riverton Housing Community. U.N.E. students will assist at the clinic.

- The Daniel Hanley Center for Health Leadership has launched a Health Disparities Ambassador Project that engaged 24 health leaders from across Maine in identifying and working collaboratively to address health disparities. The project was also supported by the State of Maine Office of Health Equity, Harvard Pilgrim Foundation's Culture Insights, and The Maine Community Foundation's People of Color Fund. The same group plans to evolve into a Health Equity Council that will advise the program on related topics going forward.

- The Greater Portland Refuge and Immigrant Collaborative continues to meet and prepare for engaging New Americans in Health Care enrollment. The group has also organized to support efforts at assisting foreign-trained physicians, sharing translated materials, and etc.

Planning and Coordination

Across the state and the nation, more attention is being paid to the impact of health outreach on population health. Hospitals, health systems, and agencies are now required to conduct Community Health Needs Assessments every three years, and develop plans to address the identified areas of greatest risk or concern. This practice requires a significant investment of time and resources, and results in duplication of efforts within communities, counties, and the state. In addition, state and local health departments must produce health assessments and health improvement plans for public health accreditation. The Planning and Coordination sub-committee engaged multiple parties to create a "Shared Health Needs Assessment and Planning Process:

- Maine CDC
- Eastern Maine Health System
- MaineHealth
- MaineGeneral
- Central Maine Health System
- University of Southern Maine (USM) Muskie
- University of New England (UNE)
- Bangor City Health Department
- Portland Public Health
- Maine Primary Care Association
- Maine Hospital Association

An MOU was developed, with a draft process for community engagement, a set of core metrics to be included in data analyses, and a timeline that accounts for the various requirements of the organizations involved. Starting in 2015, resources will be leveraged to create a single state health assessment, followed by community engagement and prioritization in 2016, with plans to repeat the process every three years. This collaborative effort to integrate practices will achieve greater efficiencies, reduce redundancies, lead to improved access to health services and health status for all Mainers, and allow for a broader use of the resulting product. The more entities that can be integrated into a common, universal process to meet various regulatory, health planning and fund raising goals, the greater the return on investment and enhance sustainability.

State Public Health System Assessment

Maine CDC

The District Public Health offices, as well as the Tribal District, continue to develop. Each office includes Maine CDC public health nurses, health inspectors, field epidemiologists, water inspectors and district liaisons.

Healthy Maine Partnerships

In 2007, DHHS as part of implementation of the recommendations of the Public Health Workgroup, streamlined 155 contracts for community-based chronic disease efforts into 28 Healthy Maine Partnerships (HMP) contracts covering all of Maine's municipalities. In 2010, Maine CDC through the RFP process reduced the number of local HMPs to 26 and added a tribal HMP. In 2011, per statute and in response to a 33% cut to the Fund for a Healthy Maine, Maine CDC further improved efficiency and reduced administrative costs by streamlining the 27 HMP contracts into 9 Lead HMP contracts. The overall number of HMPs remains at 27, with Lead HMPs required to subcontract with the remaining 18 "Supporting HMPs." The HMP initiative continues to cover all municipalities in Maine.

HMPs are tasked with developing a coalition of community partners to practice primary prevention strategies using a population based public health approach to preventing chronic disease and reducing its impact by addressing some of the major drivers for preventable chronic disease. Areas of focus include:

- Reducing tobacco use and exposure to second hand smoke
- Reducing the initiation of tobacco use by young adults
- Increasing physical activity
- Improving healthy nutrition
- Preventing alcohol and drug abuse
- Linking people to health screenings and community resources to prevent and reduce the impact of chronic diseases such as:

    - Diabetes
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Kidney Disease
    - Obesity
    - Asthma
    - Cardiovascular Disease

As a result of HMP activities:

- Maine CDC Partnership For A Tobacco-Free Maine and the Smoke Free Housing Coalition of Maine collaborate with the Healthy Maine Partnerships to increase the number of multi-unit residential buildings that are 100% smoke free. As a result, Maine is the first state in the nation to have successfully assisted all of the state's Public Housing Authorities (20 of 20) to develop and implement fully 100% smoke free policies for all units.
- Results are that while in 2007 only 36% of private landlords had such policies, in 2012, this had increased to 48% - protecting 135,000 tenants from exposure.
- The number of HMPs working on this objective has also increased; while in SFY12 there were only 12, in SFY 13, 16 were working on this issue

- 262 worksites established a new comprehensive wellness approach, impacting 33,930 employees
- 64% of employed adults report having seen their workplace's written smoking policy
- The number of municipalities with a smoking ban on municipal grounds increased from 9% in 2004 to 29% in 2007 and 43% in 2011
- About 20% of small businesses are engaged in efforts to promote healthy eating among staff
- 318 community organizations developed at least one new opportunity for physical activity – these were offered to 20,201 parents and families

HMPs are an important part of Maine's youth tobacco prevention efforts. Their work has contributed to the decrease in the percentage of high school youth who have used tobacco in the past month from 25% in 2001 to 15% in 2013. HMPs serve as key partners for public health infrastructure support and development at the local service are levels, assuring that essential public health services are available all across Maine. All HMPs completed local Community Health Improvement Plans during the summer of 2011. HMPs have been essential partners in the success of the state level Community Transformation Grant, addressing tobacco, physical activity and nutrition.

Healthy Maine Partnerships have successfully leveraged funding from a variety of sources ranging from federal to private foundations, streaming money into Maine's communities to increase the work of public health. Examples of such work include substance abuse prevention through federal Drug Free Communities grants, establishment of a Farm to School Network to bring locally grown foods to schools, and support of nutrition education through USDA Snap-Ed grant funding.

New Public Health Funding for Maine

Funding via the National Public Health Improvement Initiative, although reduced to $800,000 annually through federal budget cuts, continues to work towards creating efficiencies in providing public health services, improving effectiveness of programs and assisting Maine CDC in its efforts to achieve national accreditation.

Another successful endeavor was the state level Community Transformation Grant Maine received in October 2011. Maine CDC will receive $6.5 million over five years, one of 61 highly-competitive federal awards from the U.S. CDC. The majority of these funds are dedicated to community level work within Maine's Tribal and Public Health Districts. The Community Transformation Grant funds public health prevention efforts aimed at reducing the rates and health impact of obesity, tobacco use, and heart disease; implementing efforts at the state, district, and community levels for maximum impact.

The federally required Leadership Group is a subcommittee of the SCC and serves to oversee, guide and advise work of the Community Transformation Grant at the State

level. The District and community level work of the CTG is being implemented under the guidance and coordination of the each of the State's nine District Coordinating Councils.

In October of 2012, the Office of Substance Abuse and Mental Health Services (SAMHS) received the Partnership for Success II grant from SAMHSA. The goal of this project is to reduce high-risk drinking among the 12-20 year old population and reduce prescription drug abuse and marijuana use among the 12-25 year old population. During the three year project, evidence-based environmental strategies and programs will be implemented state-wide through the Healthy Maine Partnership coalitions (HMPs) located in all nine of Maine's Public Health Districts. SAMHS has also provided funding to select HMPs to raise awareness regarding Problem Gambling through the "Safe Bet" media campaign and materials.

Population Health Indicators

Some selected population health indicators that will continue to be tracked to gauge the success of our collaborative public health efforts include:

- 75% of children ages 19-35 months were fully immunized in 2012 according to US CDC recommendations, according to the National Immunization Survey. This rate has increased from 39% in 2009. Maine has risen to 12th in the Nation in 2012 from 47th in 2009 for the 4:3:1:3*:3:1:4 antigen series ~ ≥4 doses of DTaP, ≥3 doses of Polio vaccine, ≥1 dose of MMR vaccine, *full series Hib vaccine, ≥3 doses of HepB vaccine, ≥1 dose of varicella vaccine and ≥4 doses of PCV.

- 80% of adolescents were immunized for tetanus, diphtheria and pertussis (whooping cough) and 74% were immunized for meningitis in 2012. These rates have increased from 43% and 36% respectively in 2008.

- 63% of Maine children were immunized for influenza in the 2012-13 flu season. The rates for children are similar to those in the 2009-10 flu season and slightly higher than rates for the 2010-11 and 2011-12 flu seasons.

- 47% of Maine adults were immunized for influenza in the 2012-13 flu season. The rates for adult influenza immunizations are up from 43% in the 2011-12 flu season.

- 34% of Maine adults were at a healthy weight in 2012, while 28% were obese. These rates are not significantly different from the 2011.

- 13% of Maine high school students were obese in 2011; this is not significantly different from 2009.

- 15% of Maine high school students smoked cigarettes in 2011; this is a reduction from 18% in 2009.

- 20% of Maine adults smoked cigarettes in 2012; down from 23% in 2011.

- 18% of Maine adults reported binge drinking in 2012, while 7% reported heavy drinking. These rates have not changed since 2011.

- 22% of Maine high school students reported using marijuana in 2011; this has not changed significantly since 2009.

- 1% of Maine adults and 7% of Maine high school students reported using prescription drugs without a doctor's permission in 2011. The youth rate is down from 9% in 2009.

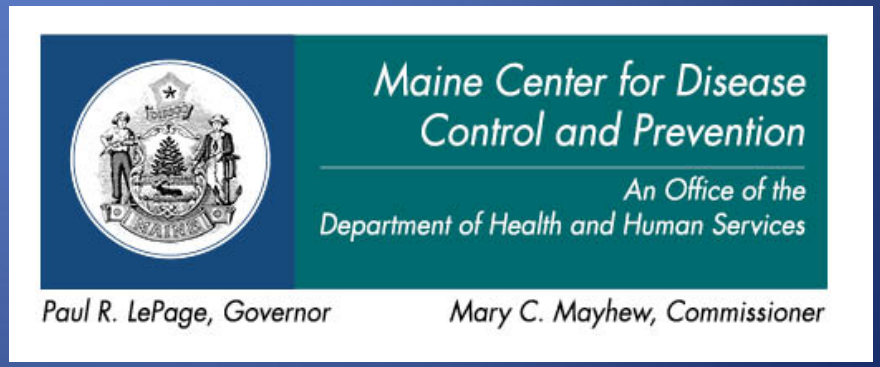
- 24% of Maine adults have ever been diagnosed with depression, while 20% have been diagnosed with anxiety and 52% of those with either depression or anxiety have other chronic diseases such as diabetes, hypertension, or current asthma.

Summary

The Statewide Coordinating Council for Public Health has experienced tremendous accomplishments since its inception in 2008. The efforts to improve the health status of Maine people through primary prevention efforts, managing population health with particular focus on chronic disease, and tackling the obesity epidemic has been at the center of our work. With each passing year, the strengthening of the collaborative partnerships within each of the districts provides a more secure, sustainable infrastructure to share knowledge of evidence based practices, reduce duplication, and improve efficiencies. While in alignment with the state objectives, each district's goals and strategies are established at the local level, allowing for an individualized plan that can address the needs of the community while aligning with the identified goals of the State of Maine.

The 2013
State Health Improvement Plan

December 19, 2013



Process to Date

Dec. 2012	Set criteria for priorities
Jan.-Feb. 2013	Gathered input - survey
March 2013	Priorities selected
April 2013	Priority workgroups formed - 78 members across 6 groups
May-July 2013	Workgroup meetings to select objectives and strategies

Process to Date

August 2013	Maine CDC senior mgmt. review and editing
Sept.-Dec. 2013	DHHS review and editing
Nov.-Dec. 2013	Governor's office review and editing
Dec. 2013	SCC review

SHIP Roles and Responsibilities

- Maine CDC is the lead as the agency being accredited.
- Required DHHS & Governor's approval
- The State Coordinating Council serves in advisory capacity to the process.
- Maine CDC is building on partnerships with others in the state.

SHIP Roles and Responsibilities

- Priorities selected may give Maine CDC direction, but may not override legislative mandates, administration directives, and commitments via federal funding.
- We hope these priorities will also inform our partners for their priority setting and planning.

SHIP priorities

- Immunization
- Obesity
- Substance Abuse and Mental Health
- Tobacco
- Inform, Educate and Empower
- Mobilize Community Partnerships

What does it mean to be a SHIP priority?

- Maine CDC focus, based on available resources.
- Potential focus for work with partners, with Maine CDC taking a lead role.
- Careful tracking of performance during the implementation of the SHIP, to hold us accountable.

Immunization Objectives

- By June 30, 2017 Maine will increase routine childhood vaccination rates in children 24-35 months of age, assessed as of 24 months of age, by 10%.
- By June 30, 2017 Maine will increase routine immunization rates in adolescents 13-18 years of age by 10%.

Immunization Objectives

- By June 30, 2017 Maine will increase HPV immunization rates in males and females 13-18 years of age by 10%.
- By June 30, 2017, increase the number of public school students in Maine who have access to a flu vaccine at their school by 10%

Immunization Objectives

- By June 2017, 80% of all medical providers who perform obstetric services in Maine will receive information and tools to follow Advisory Committee on Immunization Practices (ACIP) tetanus, diphtheria, and pertussis (Tdap) guidance.
- Increase the percentage of Maine adults over age 65 who have received a pneumococcal vaccination from 71.8% in 2010 to 79% in 2016 (a 10% increase).

Obesity Objectives

- Decrease the proportion of Maine adults and youth consuming one or more sugar-sweetened beverages a day by 10% for youth, grades k-12 (rate for adults will be established with baseline data) by June 2017.
- Increase by 10% the proportion of Maine population (adults and children) that consume 5 or more servings of fruits and vegetables a day.

Obesity Objectives

- By June 2017, increase by 10% the proportion of Maine adults who engage in some leisure-time physical activity; increase by 10% the proportion of Maine youth (grades k-12) who engage in vigorous physical activity three or more days per week for 20 minutes or more each time.

Obesity Objectives

- Increase the percentage of infants in Maine who are ever breastfed to 80% and who are breastfeeding at six months of age to 45% by June 2017.

Substance Abuse and Mental Health Objectives

- Increase the number of families who receive an initial home-based assessment during the prenatal or newborn period by 3% above the average of the previous three years trend data by June 2017.
- Increase the use of standardized screening tools in MaineCare health home practices for all children birth to three years of age.

Substance Abuse and Mental Health Objectives

- At least 80% of all hospitals, health systems and Federally Qualified Health Centers will have controlled drug-prescribing protocols in place by June 2017.
- The number of patients receiving Screening, Brief Intervention, Referral and Treatment (SBIRT) services in Maine will increase by 50% above 2013 baseline data.

Substance Abuse and Mental Health Objectives

- Increase the number of MaineCare health home practices that perform depression and substance abuse screening using nationally recognized, evidence-based standard tools at least annually for all adults with chronic illness. Perform substance abuse screening at least annually for adolescents.

Substance Abuse and Mental Health Objectives

- Increase the number of primary care practices and schools implementing evidence-based suicide prevention screening and assessment as a standard model of care.
- Increase access to substance abuse and mental health services via primary care provider settings by 10% by June 2017.

Tobacco Objectives

- Increase access and utilization of state tobacco treatment programs by 5% by June 2017
- Increase evidence-based laws, ordinances, and policies that provide greater access to evidence-based tobacco treatment and smoke-free environments by June 2017.
- Decrease the number of children and adults exposed to environmental tobacco smoke in the home by 10% by June 2017.

Tobacco Objectives

- By June 2017, engage partner organizations that currently serve populations with health disparities including behavioral health populations, LGBT people, refugees and immigrants, pregnant women on MaineCare, Native Americans, low SES population to promote or increase awareness of tobacco treatment, prevention and control resources.

Tobacco Objectives

- By June 2017, increase by 15% the number of organizations that promote and/or implement programs that involve youth in anti-tobacco initiatives.

Inform, Educate and Empower Objectives

- By June 2017, implement a coordinated system at MeCDC to deliver messages that includes policies & procedures for distribution, channels for distribution, and a quality assurance or evaluation process.
- By June 2017, increase the number of strategic alliances in Maine that coordinate the provision of cross-cultural, plain language resource development and sharing.

Mobilizing Community Partnerships Objectives

- Increase the number of individuals and organizations mobilized in public health planning, securing of resources, and action via local coalitions, district coordinating councils and state coordinating council for public health.

Mobilizing Community Partnerships Objectives

- Implement/ use common messaging that promotes awareness of the value of public health for 100% of local, district and state public health mobilization and implementation activities.

Questions and Reactions:

Next Steps

Today	SCC review of the plan.
Jan. 2014	Finalization of the Plan, including: Formatting Release
Feb.-Mar. 2014	Confirmation of partners, Formation of implementation workgroups

Outstanding - many thanks Sheila - greatly appreciate your great work and leadership supporting organ donation.
Once again greatly apologize I can't be there on Thursday.
I also wanted to share this video recently developed by HRSA that gives a good description of the donation process. It runs just under 5 minutes

https://www.youtube.com/watch?v=HuKx2a5HkIM

Thanks and have a great holidays!
Best,
Matthew Boger
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New England Organ Bank
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Maine State Innovation Model (SIM)

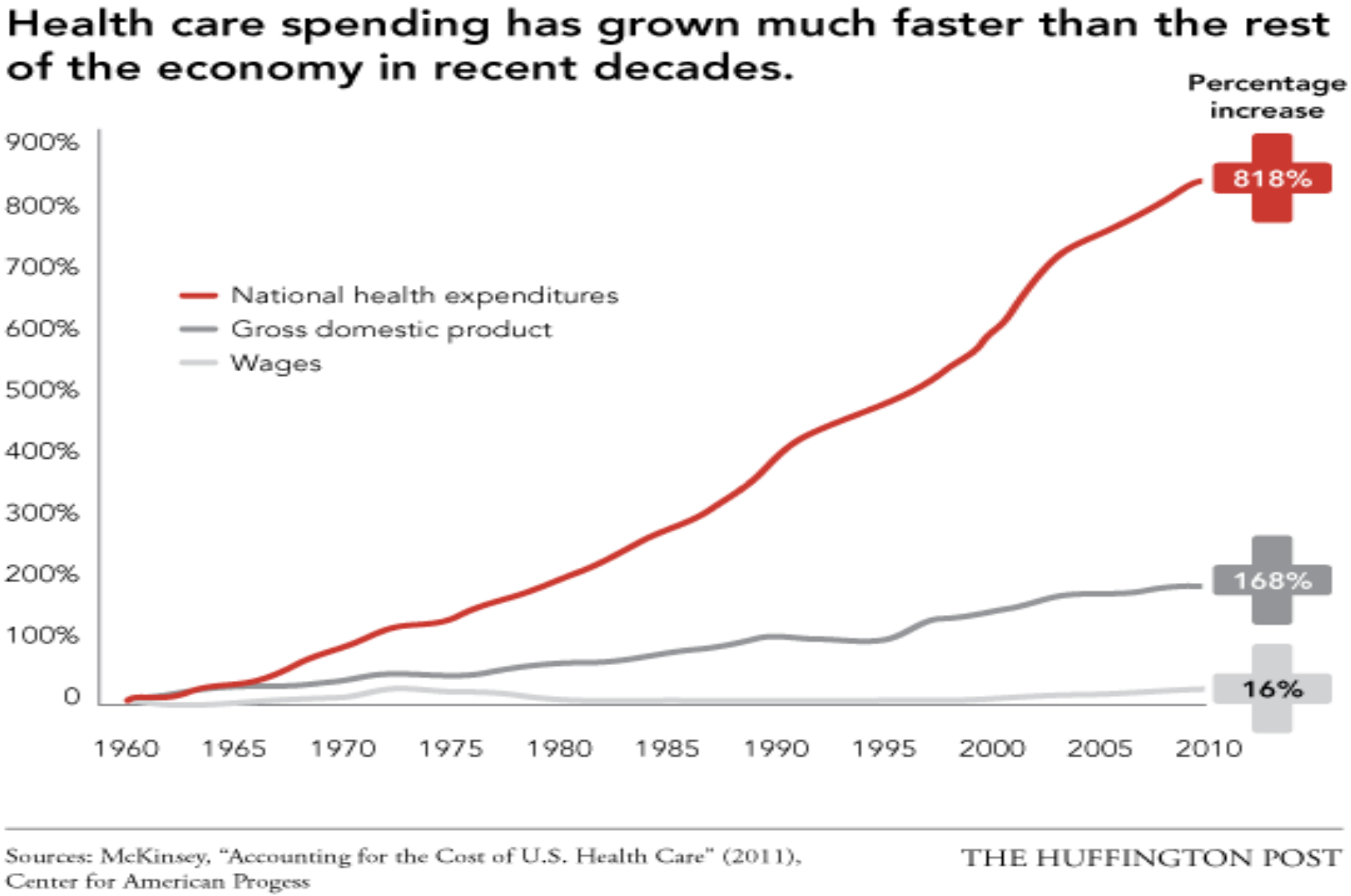
December 19, 2013

Statewide Coordinating Council

Where did the Maine State Innovation Model come from?

- Federal grant initiative run out of CMS' Center for Medicare and Medicaid Innovation, authorized by the ACA
- Intended to "provide financial, technical and other related support for States to design or test innovative, transformational health programs that generate savings and improve care for Medicare, Medicaid, and Children's Health Insurance Program (CHIP) beneficiaries"
- Six testing grants awarded, including ME - $33m

We know this…..unsustainable….



The Maine State Innovation Model Theme: COLLABORATION!

"If you bring the appropriate people together in constructive ways with good information, they will create authentic visions and sustainable responses to issues and opportunities within their communities and organizations."

- David Chrislip, Collaborative Leadership Strategist

Maine State Innovation Model (SIM) Initiative

Our Mission

The Maine SIM initiative, through a collaborative process, will promote the alignment and acceleration of statewide innovations designed to improve health and health care and reduce health care costs for the people of Maine

Our Vision

Working together to promote innovations which transform health care and make Maine the healthiest state in the nation

Our Strategy

We will achieve this vision by leading and aligning efforts to transform health care delivery and payment using the following primary innovations:

Primary Innovations

Strengthen Primary Care	Integrate Physical & Behavioral Health Care	Develop New Workforce Models	Develop New Payment Models	Centralize Data & Analysis	Engage People & Communities
•Expand access to Patient Centered Medical Home (PCMH) / Health Home (HH) models •Provide quality improvement support, recognition & rewards to PCMH/HH practices •Provide leadership development opportunities for providers	•Provide learning collaborative & technical assistance to help BH organizations move to Health Homes model, and to improve integration of physical and BH •Provide resources & assistance to BH providers for health information technology and interoperability •Develop BH quality measures	•Develop Community Health Worker pilot in 5 communities •Develop Diabetes Prevention Program •Provide training for PCMH/HH practices to improve care for persons with developmental disabilities •Support efforts to Align Long Term Care with PCMH/HH models •Support the Improvement of care transitions	•Support development of Accountable Community Organizations (ACOs) •Offer ACOs peer-to-peer learning •Develop common quality measures • Engage employers, payers, and consumers •Develop value-based insurance & benefit design	•Support development & use of common quality & cost measures •Support the development of standard cost & quality reporting	•Engage patients and families as active participants in their care •Conduct consumer engagement campaign, with special focus on MaineCare members •Promote Shared Decision Making, tools including Choosing Wisely •Measure & publicly report patient experience

Goals by 2017

The total cost of care per member per month in Maine will fall to the national average

Maine will improve the health of its population in at least four categories of disease prevalence (ie diabetes, mental health, obesity, etc)

Maine will improve targeted practice patient experience scores by 2% from baseline for practices that participated in the 2012 survey

Maine will increase from 50% to 66% the number of practices reporting on patient experience of care

What is the Maine State Innovation Model?

- The Maine State Innovation Model funds and sponsors the development of tools, support structures, and reports that are expected to positively impact the goals of improved quality, improved patient experience and reduced cost in healthcare.

- The existing and emerging healthcare models in Maine will be testing these innovative capabilities at different levels, which is an important component of the overall test.

- The State will publically report on the impacts of these innovative approaches to all of the healthcare delivery models involved.

The Maine State Innovation Model Collaborative Process

Payer Populations
- MaineCare
- Medicare
- Maine Community Health Options
- Commercial
- Self-Insured Employers

Public Reporting

State: Lead Convener of the Innovation
- Public Reporting
- Sharing best practices
- Driving, and expecting, Collaboration

Maine SIM Triple AIM GOALs:

- ***Reduce costs to National Average***
- ***Improve health in key health categories***
- ***Improve patient experience scores***
- ***Increase practice experience participation***

PAYMENT REFORM
Chair: MHMC

- VBP Development & Learning
- Health Care Cost Workgroup
- Behavioral HCC Workgroup
- VBID

Data Infrastructure
Chair: HealthInfoNet

To support:
- Payment Reform
- System Delivery Reform
- Consumer Engagement

SYSTEM DELIVERY REFORM
Chair: Maine Quality Counts

- PCMH, HH & ACO Learning Collaboratives
- Leadership Development
- Behavioral Health Collaborative

MAINE CDC
- Patient Engagement
- Diabetes Prevention
- CHW Pilot

Introducing New Capabilities to Transformative Models…..

Multi-Payer ACO's

Core measures for public reporting and value-based payment

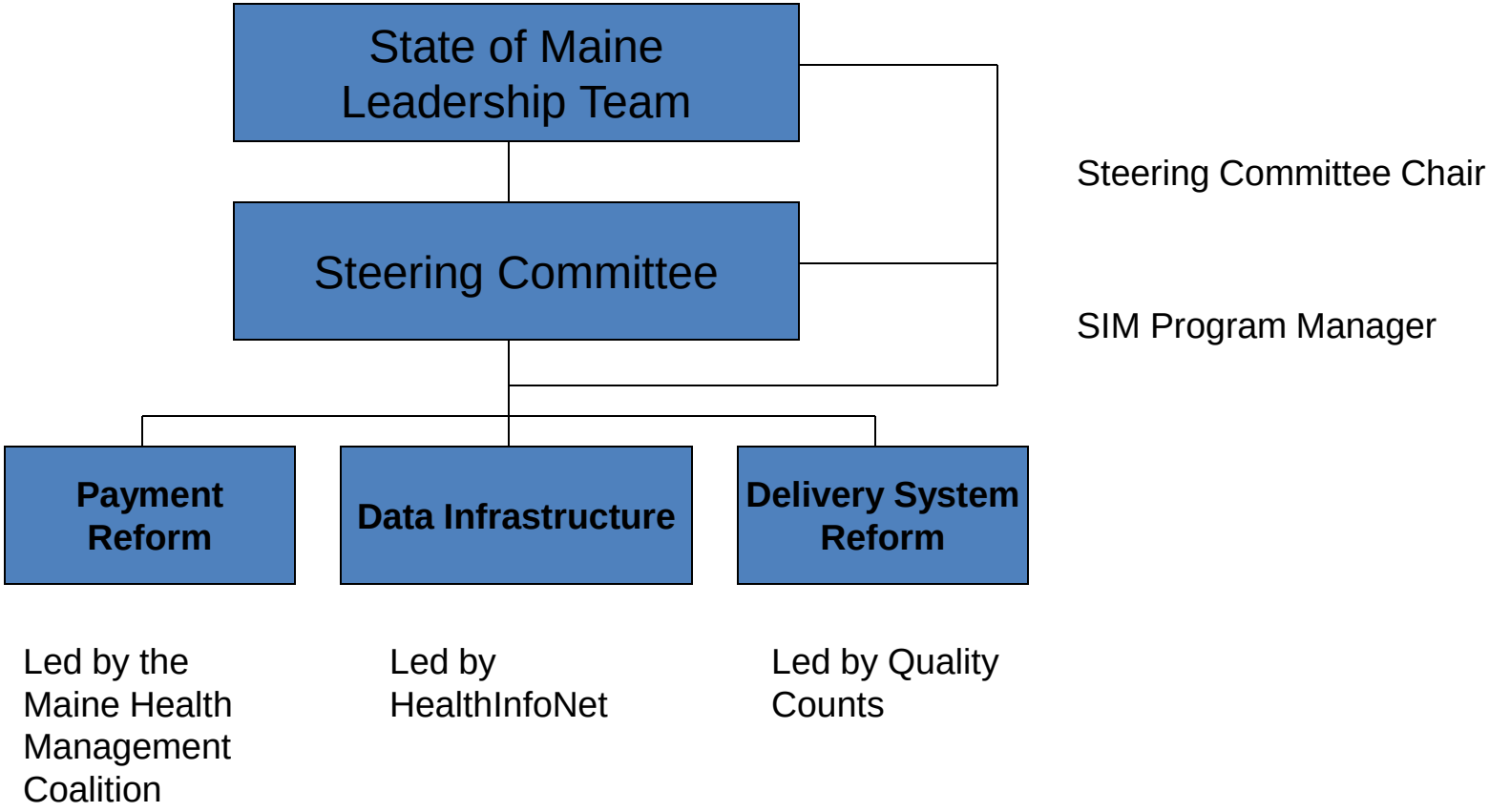
Integrated Patient-Centered Care

Multi-Payer Patient-Centered Medical Homes, Health Homes and Behavioral Health Homes

Leadership ● Consumer Engagement ● Community Linkages ● Workforce Education

Health Information/ Tools ● Access and Analytics

Maine's SIM Governance Structure



SIM – Key Partner Functions

- MHMC:
  - Data Analytics
  - VBP / ACO development & learning
  - Health Care Cost Workgroup
  - Identify common metrics
  - Identify BH quality metrics
- HIN:
  - Promote statewide use of HIE for timely notification of admissions, discharges
  - Promote HIE use by behavioral health providers
  - Develop Personal Health Record
  - Develop population-level clinical quality reporting

SIM – Key Partner Functions

- QC: Provide QI support to help strengthen primary care practices
  - Support expansion of QI support to PCMH and Health Home practices
  - QC will support expanded learning collaborative to provide QI assistance to 70 "HH-only" primary care practices
  - Support SIM Delivery System Reform Workgroup
- ME CDC: promote public health – clinical connections
  - Support Diabetes Prevention Program
  - Develop Community Health Worker pilots in 5 communities

For More Maine SIM Info……

http://www.maine.gov/dhhs/oms/sim/index.shtml

Questions?

Thank You

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Where do we go from here?

* Build stronger partnerships
* Ratchet up the motivation to quit
* Expand youth engagement
* Build on the evidence base
* Respond to emerging issues
* Widen our referral system -> facilitate self referral
* Build on our successes

Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: December 4, 2013

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**

- Dates of note in Aroostook District:
  - 12/10/13 Health and Risk Communications Subcommittee meeting
  - 12/16/13 Tobacco Helpers Training
  - 12/17/13 Coordinated Approach to Care Management Subcommittee meeting
    Guest Presenter: Sara Trafton, CTS consultant
  - 1/31/14 Steering Committee meeting
  - 2/05/14 Aroostook DCC meeting
    Guest Presenter (confirmation pending): Peter McCorrison, Aroostook Mental Health Center

Ongoing or upcoming projects or priority issues:

- February 2014 exact date TBD– Local Health Officer (LHO) training in conjunction with Northern Maine Community College, Division of Continuing Education regarding basic mandated reporter information for responders who might not realize that they are mandated reporters. It is likely that the audience will be expanded to include Code Enforcement, Housing Authority Staff, EMS, Fire, Home Visitors, PHN based on initial interest expressed.

Progress with District Public Health Improvement Plan:

- Whether activities were able to be completed on schedule
  - District Public Health Improvement Plan complete and in process of being implemented
- Successes achieved
  - Coordinated Approach to Care Management Subcommittee convened. Directory of Care Coordinator staff across hospitals, primary care, and community care teams serving Aroostook District compiled and distributed in order to improve communications and increase opportunities for peer collaboration.
- Barriers encountered

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Progress with Community Transformation Grant:

- Activities planned for completion during the quarter
  - Site visits completed for all new CTG ECE sites and action plans developed.
  - Follow-up completed for all other sites via email, telephone, and/or Facebook.
  - Site visits for CTG Schools completed or planned for early January 2014.
- Whether activities were able to be completed on schedule
  - All annual and quarterly reporting was completed and submitted to the state on time
  - Activities that were planned for this last quarter were carried out and deliverables were met
- Successes achieved
  - CTG Coordinator has had a smooth transition into the position. Collaborative relationships continue to contribute to the ECE success in the district and it is anticipated these collaborations will also support growth in the School sector as well.

Structural and Operational changes, including updates in membership.

Vern Ouellette retired from his position at Aroostook EMA and consequently from the DCC Board. Darren Woods, Director, AEMA will continue to represent the sector in general membership but will not assume Vern's former role as Vice Chair / Steering Committee member.

In-district or multi-district collaborations:

- Aroostook DCC, NMCC/AHEC, DHHS OADS, and DHHS Child and Family Services collaborating to provide training for LHO and other potential home visitors.

Other topics of interest for SCC members:

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Central	Date: December 19, 2013

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 24 DCC meeting, we had a roundtable discussion on flu immunization activity, updated the state SLVC status information, and the district Infectious Disease Epidemiologist gave a presentation on EEE which was recently detected in a horse in the district. We also discussed and approved the new Community Transformation Grant (CTG) FY14 workplan where we added the Active Community Environments objective.

Ongoing or upcoming projects or priority issues: use of PRISM tool project ask from US CDC; District Public Health Improvement Plan (DPHIP) priorities -- Mental Health & Substance Abuse, Physical Activity, and Oral Health; CTG deliverables; workgroup core leadership/backbone support policy, sector membership to implement new DCC bylaws, School Located Vaccine Clinic (SLVC) status reporting

Progress with District Public Health Improvement Plan (DPHIP): *Activities planned for completion during the quarter & whether activities were able to be completed on schedule*

- 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
- Mental Health & Substance Abuse & Oral Health Workgroups met

Successes achieved

- Updated DPHIP priorities: Mental Health & Substance Abuse, Physical Activity, and Oral Health
- Workgroups met to start to implement strategies

Barriers encountered

- Staff and volunteer resources to focus on DPHIP development, data/intervention analysis, implementation, and workgroup support

Progress with Community Transformation Grant: *Activities planned for completion during the quarter & whether activities were able to be completed on schedule*

- Outreach/recruitment of early care and education sites, schools, and community organizations
- Completed end of year reporting and cost study requirements
- Outreach to communities to form Active Community Environments Teams

Successes achieved

- 57 Early Care and Education (ECE) sites, four schools, and 24 stakeholder groups enrolled in CTG
- Scheduled 5 child care and action trainings for winter & spring
- new Facebook page and website, success stories sent out regularly to district email lists

Barriers encountered

- Staff time to work on all the good ideas from CTG Oversight Committee and other partners

Structural and Operational changes, including updates in membership. One addition to CTG Oversight Committee, draft of workgroup core leadership/backbone support policy

In-district or multi-district collaborations: MaineGeneral Diabetes Prevention CTG Grant, Shared Youth Vision Council, Jackman Health Center, Senior Health Issues & Transportation, HMP MeHAF grants

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 resources to complete work identified by the DCC.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Cumberland	Date: 12/19/13

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

Ongoing or upcoming projects or priority issues:

- Robert Woods Johnson's Shared Services Learning Community- Working in partnership with Portland Public Health. Regional (Casco Bay, Lakes, Portland, and Rivers) discussion groups have taken place, beginning to develop components of a model to be explored. RWJF site visit took place in October.
- Much attention currently focused on the launch of the health insurance marketplace and ensuring that people who lack health insurance have information about their options.
- Cumberland County Medical Reserve Corp has begun recruiting MRC members, participated in its first event – a public flu clinic/simulated SNS pod distribution as part of Vigilant Guard in Nov 2013.

Progress with District Public Health Improvement Plan:

Priorities selected:
- Obesity/Physical Activity/Nutrition
- Tobacco
- Flu Vaccination
- Healthy Homes
- Health Equity
- Public Health Preparedness
- STDs/Reproductive Health
- Mental Health & Substance Abuse

(Infrastructure priorities remain EPHS #3/Educate, #4/Mobilize, and #7/Link people to services)

- Workgroups and/or collaborative initiatives have begun on all priorities. With large number of priorities, reporting back to the full Council and creating sufficient opportunities for full Council input is a challenge – we have decided to rotate written progress reports on DPHIP priorities by having progress reports on 4 priorities for each Council meeting.
- Examples of DPHIP strategies:
  - Flu: Collaborative poster advertising 211 as source for info on flu clinics (5 languages), support for school flu clinics (11 of 14 school districts offering SLVC!)
  - Health Equity: Health on the Move – collaborative "health fair" events that focus on offering screenings, preventive services, outreach/referrals in community settings among populations who lack access and face barriers to care
  - Sexually Transmitted Diseases: Collaborative poster campaign to promote STD testing, advertising both India St. clinic and Planned Parenthood, exploring forums to support health teachers in sharing curriculum and teaching resources
  - Public Health Preparedness: Developing district plan for excessive heat emergencies, launching Medical Reserve Corps, and supporting pod sites and flu clinics
  - Healthy Homes: webinar for child care providers to help educate parents of young children

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Progress with Community Transformation Grant:

- The next OSC meeting is scheduled for February 24, 2013.
- CTG coordinator received feedback from ME CDC on work plans. Revised work plans have been submitted to PAN Work Group and OSC for review.
- Three sub-contracts are in processing and nearly completed.
- CTG coordinator, DL, and others participated in 3 Technical Assistance calls (October, November, and December).
- The staff coordinator participated on September 25, 2013 grant management call. The December 18, 2013 grant management call has been cancelled.
- CTG coordinator uploaded performance monitoring data to evaluation database, as needed.
- CTG Coordinator submitted Quarterly Narrative Report for Q4 to the CTG Wiki site.
- CTG coordinator submitted Quarterly Cost Study data to the CTG Wiki site.
- CTG coordinator submitted Communications tracking data for Q4 through the performance monitoring site.

Structural and Operational changes, including updates in membership.

- Council approved a slate of new members at the September 20, 2013 meeting:
  Eric Covey—Planned Parenthood of Northern New England
  Ashley Soule—At large member
  Lisa Wishart—Crossroads
- Membership Committee is no longer on hiatus. Analysis of membership needs will begin in January.

In-district or multi-district collaborations:

Partnership with York District emerging relative to the Medical Reserve Corps. Additionally several Local Health Officers and the DL attended a Hoarding 101 training offered by the York District and/or a Hoarding/Legal Issues workshop hosted by Shalom House and Pine Tree Legal.

Other topics of interest for SCC members:

School located flu clinics: 11 of 14 school districts fully located in the Cumberland district offered SLVC this year

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Down East	**Date: 19 December 2013**

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

DCC Meetings

November 22 at Maine Seacoast Mission Cherryfield with thirty-two participants.
The agenda was divided out for presentations on Clinical Health Care Systems issues, breakout sessions for the three DPHIP priorities, and discussion on implementation of the DCC Bylaws.

- Meeting format went back to the three hour style and was face to face in one location.
- Presentations on the Role of ACA Patient Navigators and the HRSA funded Diabetes Outreach Project.
- Three DPHIP Priority Work Groups convened and went through a facilitated process.
- Discussion on implementation of the DCC Bylaws, the formation of the Executive Committee, and the approval of the members for the CTG Oversight Committee for the coming year.

September 27 at DHHS Ellsworth with twelve participants and **at DHHS Machias** with seven participants.
Subject was DPHIP priority Clinical Health Care Systems:

- Meeting format was changed to two hours instead of three hours.
- Overview of the role of hospitals and health centers in population health.
- Discussion of existing successful programs and initiatives in the district.
- Discussion of Assets and Gaps in district.
- More discussion on this topic including suggested presentations at November meeting
- Second reading of district bylaws with voting to occur electronically.

Ongoing or upcoming projects or priority issues:

- Well Water Work Group meeting to determine outreach and potential funding mechanisms.
- Downeast Transportation Summit on November 6.
- Ongoing Partner Committees working on Food Access Issues in both counties.
- District Liaison and County Emergency Management Agency Directors participated in the Vigilant Guard Exercises during first week of November.

Progress with District Public Health Improvement Plan:

- May, July and September meetings were focused on one of the three priorities.
- November meeting provided time for the three work teams to convene and brainstorm. Priority areas are Environmental Health, Food Policy and Access, and Clinical Health Care Systems.
- Executive Committee to meet in December to develop guidance on supporting these three work teams over the next year.

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[1]**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

Progress with Community Transformation Grant:

- Goal of enrolled Early Care Education Provider sites met in Year 2.
- ECE Provider Conference/Workshop held on September 21 in Ellsworth.
- School Food Service Staff training held in Calais and Bucksport during November.
- Ongoing strategic collaborative meetings occurring bringing CTG1, CTG2 and CTG Tribal folks together to build relationships and understand work plans.
- Utilized webinar sponsored by Maine CDC Diabetes program and the Mount Desert Island Hospital Diabetes Outreach Program to introduce the National Diabetes Prevention Program Training to the health centers and hospitals in the district as a first step to initiating the program.

Structural and Operational changes, including updates in membership.

- Bylaws were electronically approved in November 2013.
- The Downeast DCC will have a new name: *Downeast Public Health Council.*
- First Executive Committee was formed with first meeting in December 2013.
- A slate of members for the FY 2013-2014 CTG Oversight Committee was developed for the November meeting with additions and approval at that time.

In-district or multi-district collaborations:

- Ongoing Behavioral Health Integration Project in Washington County.
- Down East AIDS Network Needs Assessment and Strategic Planning.
- UNE HRSA Washington County Chronic Disease Management Network Planning
- Shared Youth Vision Council District Initiative
- Maine Health Foundation named partners in the district as participants in two types of funding mechanisms: Achieving Better Health in Communities and Thriving in Place.

Other topics of interest for SCC members:

- Letter sent to SCC in spring 2013 regarding our concern of the role of DCCs was discussed with follow up to occur at SCC meeting in December or first meeting in 2014.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: MidCoast – December 2013 Report	Date: 1/17/14

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

Ongoing or upcoming projects or priority issues:

- DPHIP Prioritization has been finalized for 2013/14 priorities. The DCC has selected transportation and behavioral health to include mental health and substance abuse. Subcommittees have been convened and continue to work on defining strategies and action plans.
- Steering Committee and DL will begin review of Bylaw recommendations and will bring Bylaws recommendations to full DCC for review and approval at the January or March meeting.

Progress with District Public Health Improvement Plan:

- DCC voted on priorities at October 2013 DCC meeting. The priorities selected for the DPHIP were:
  - Transportation
  - Behavioral Health (including substance abuse and mental health)
- The Behavioral Health Committee will:
  - Meet with United Way of Midcoast Maine to review the successes and next steps to the Childhood Wellbeing Symposium held this fall and identify strategies that we can spread throughout the district.
  - Coordinate a district wide Marijuana sharing roundtable to dispel myths and promote SAMHS 5 Key Messages and particular concerns of sectors such as community health, mental health, enforcement, education, etc.
  - Stay informed with the status of DEAs medication disposal support, and respond if this funding is discontinued
  - Research the workforce status of Public Health nursing – are spots filled?
- The Transportation Committee will:
  - Extend invitations to interested stakeholders for participation in the work group after the New Year.
  - Identify, attend and collaborate with other district groups addressing the issue of transportation.
- "Emerging Issues" committee is ongoing to keep the DCC informed by way of speakers, trainings, communication and advocacy. This committee will allow us to flesh out some of the issues that need more data or strategies for the district to act, have other strong leaders and that we can support or advocate for at the local or state level, or may emerge and need a response outside our DPHIP process (e.g. Bath Salts).

- Progress with Community Transformation Grant:
- Hosted 4 WinterKids training for child care and school sites.
- Awarded 2 walkability audits- Belfast and Wiscasset

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- Recognized City of Belfast as an ACE team.
- Conducted evaluation activities with RSU3 including student focus groups, parent surveys, and staff surveys

Structural and Operational changes, including updates in membership.

The Steering Committee is preparing to address the requirement to adopt bylaws, and will begin rejuvenating membership from partners who have dropped off during the last year.

In-district or multi-district collaborations:

- The Midcoast HMP directors continue to meet on a regular basis to share successes and barriers. HMP Specialist networking opportunities will be implemented in 2014.
- Lincoln and Sagadahoc Counties are partnering to bring SIRP to Lincoln County. Lincoln County youth are currently being referred and processed by the Sagadahoc County program.
- Access Health will become the Lead HMP for the district SNAP Ed program, collaborating with the three other HMPs to continue SNAP Ed in their counties
- Knox Community Health Coalition continues to lead the LPPF district program, the district is currently planning a district wide outreach campaign using the same outreach item (grocery bag)
- Access Health/Sagadahoc County CTG will be testing the 5210 Adult modeling materials created by Knox County with their Healthy Maine Street Programs. Access is sharing the learnings from the Farmers Market EBT machine with Lincoln County CTG project.
- Access Health continues to sit on both Healthy Maine Street Boards

Other topics of interest for SCC members:

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Public Health
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Template updated 03/2012

District: Penquis District	**Date: December 19, 2013**

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

The DCC held an Adverse Childhood Experiences (ACEs) Forum. Over 58 people attended the presentation that was facilitated by Sue Mackey Andrews Co-Facilitator of The Maine Reliance Building Network and Chris Trout of Strengths and Focus. The Forum covered a basic overview of ACEs and Resiliency.

Ongoing or upcoming projects or priority issues:

- ACEs forum review and next steps
- Partner Tool Planning
- Focused meeting on CTG Outcomes- ACETs, early care settings, schools

Progress with District Public Health Improvement Plan:

The steering committee has been working on a development of action items for each of the identified priority areas.

Three Priority Areas Draft Action Steps:

- Communication and Education- The Partner Tool was presented to the DCC membership to show linkages and communication successes and areas for improvement
- Poverty/ Adverse Childhood Experiences (ACES) –Develop next step and follow up from the forum.
- Obesity/ Diabetes-The steering committee is planning to hold a meeting dedicated to success stories related to the CTG work.

Progress with Community Transformation Grant:

- Activities planned for completion during the quarter
  - This quarter marks the beginning of Year 3 for CTG; Penquis District has opted to pick up the 4th and final optional object; Blood Pressure and Cholesterol Control through the Million Hearts Campaign
  - Current Penquis CTG Child Care site enrollment: 62
  - ACETs are moving forward; the HOP (Heart of Penobscot) Trails team brought

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together again the 12 regional towns to continue work on establishing a regional trail system that will connect towns to each other and promote walking and biking instead of driving.
    - Newest ACE Team is in Lincoln, Maine
- Whether activities were able to be completed on schedule
    - Yes
- Successes achieved
    - Went from 11 to 21 schools being enrolled to participate in CTG
    - HOP Trails Team brought together again the 12 regional towns to continue work on a regional trail system that will connect all the towns to each other and promote walking and biking instead of driving; Trust for Public Land (TPL) has asked to partner with us as a continuation from the Green Print Project
    - Held the first Penquis CTG Child Care Symposium on 10/19/13 at Jeff's Catering in Brewer. EMHS provided lunch to all attendees; had over 80 child care providers/staff attend the training
- Barriers encountered
    - N/A

Structural and Operational changes, including updates in membership. (included as requested by SCC Steering Committee)
Unanimous Approval of DCC Bylaws, SCC Representative and Steering Committee Membership
The DCC voted to approve a new set of bylaws.
The DCC voted to approve the state of steering committee members at the March 15 meeting
The DCC voted to approve the state of steering committee members at the March 15 meeting
Kate Yerxa as Chair, Nicole Hammar as Co-Chair, members Jamie Comstock, Jane McGillicuddy, and Shirar Patterson.
The DCC voted to accept Robin Mayo as the SCC Rep term to begin July 1, 2013

In-district or multi-district collaborations:
- Community Transformation Grant
- Continued education/work session on ACEs

Other topics of interest for SCC members:
None at this time

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

District: Wabanaki	Date: 12/19/13

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

Ongoing or upcoming projects or priority issues:

- Strengthening Tribal Substance Abuse Task Forces

Progress with District Public Health Improvement Plan:

- Passamaquoddy Joint Tribal Council met: profiles were presented for recommendations before final product.
- Working with Patricia Knox-Nicola and University of Nebraska to complete Profiles for Penobscot, Maliseet, and Micmac communities
- Continued involvement with Penquis, Aroostook, and Downeast DCC's

Progress with Community Transformation Grant:

- CTG work plan completed and approved for FY14
- Early child care site follow ups to provide TA and resources for 5210
- CTG Coordinator continues to work with all tribal health centers and providers on BP/Cholesterol Pilot in Wabanaki District

Structural and Operational changes, including updates in membership.

- **Increased membership of DCC**
- **New District Liaison hired 10/2013**

In-district or multi-district collaborations:

- CTG coordinator partnered with Downeast CTG Coordinator to disseminate new USDA guidelines to both districts.
- Continued involvement with Penquis, Aroostook, and Downeast DCC's

Other topics of interest for SCC members:

- Wabanaki HMP recipient of the Partnership for Tobacco Free Maine's Organization of the Year award for work with tribal on anti tobacco issues.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 06/2012

District: Western	Date: December 2013

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

Ongoing or upcoming projects or priority issues:

- The District is looking for new Committee members as some members will be stepping down at the beginning of the year due to other obligations.
- Steering/Oversight Committee still actively seeking a treasurer, all other officer positions are filled.

Progress with District Public Health Improvement Plan:

- DPHIP Priorities Update:

Promoting influenza & pneumococcal vaccine for people at risk – The brochure was assembled and distributed to the Western DCC and other district partners. Fulfilled partner request to provide alternative formats as not all partners were able to view the PDF. Also has been discussion about next steps to find out if providers would be interested in doing a colon cancer screening FIT test with the flu shot next year.

Development of an electronic collaborative tool – A work group has been assembled to include (HOH, MPRN, and OCWC) and the Maine Rural Health Network Coordinator has presented the web site, fielded questions, and has received some feedback about the site to HOH, RVHCC, and HCC coalition meetings. Updates being done to this tool due to feedback provided is with the document function and adding a shared calendar. Other additions to the tool include two forum groups that are set to private as a place where only the members of the executive committee (labeled Governance in the web site) can post information, start discussions, or ask questions. There is also an advisory committee forum that is set up for only members of the advisory committee which consists of 21 people at the moment. Currently the Coordinator is collecting and analyzing results from a district wide survey that was sent out through survey monkey and some of the general questions were about the sites usefulness, barriers, needs, and what people would like to see and want with the site.

Behavioral Health – This work group consists of collaboration with all HMP substance abuse staff and recruiting other members in Western District to address the effects Western District may encounter with the passing of legalized marijuana in Portland, coordination of marijuana messages from slides provided by SAMHS for use throughout the district, how to best get this message to be heard by youth and parents throughout the district.

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Obesity – This workgroup has added three new members, Jamal Torres, HA , Kristine Kittridge, new CTG Coordinator, and Laurie Soucy, HCC. An email was distributed to all HMPs throughout the district to assemble inventory of current obesity initiatives and resources. Due to the large scale of this project group would like to narrow scope of targeted group to focus on youth. Lorrie Potvin will be working with group to develop a gap analysis of what is currently being provided and what is needed throughout all three counties to move forward with this priority.

Progress with Community Transformation Grant:

A new CTG Coordinator was hired on October 21, 2013.

DL met with new CTG Coordinator and previous CTG Coordinator on October 28, 2013 to review the following upcoming deliverables:

*FY 3 Draft work plan that needs to be submitted to PH District 2014 wiki by October 31, 2013
*FY 2 Narrative Quarterly report due via wiki by November 15, 2013
*FY 2 Q4 Cost study reporting due on wiki by November 15, 2013
*FY 2 Q4 communications and enrollment updates due via wiki-Google docs by November 15, 2013
*FY 2 Financial reports due to SPOC by November 15, 2013
* FY 2 Agreement Closeout reports due as specified in contract by November 30, 2013
* FY 2 Year End Narrative Reports due on wiki by November 30, 2013

On October 31, 2013 CTG Coordinator attended District Wide HMP Collaborative to meet district partners and discuss ongoing initiatives.

On November 15, 2013 CTG Coordinator attended first DCC meeting and joined Obesity workgroup.

Structural and Operational changes, including updates in membership.

- None at this time.

In-district or multi-district collaborations:

Other topics of interest for SCC members:

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: York	Date: December 19, 2013

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

Two Executive Committee (EC) meetings and two special meetings and two full Council meeting were held by the York District Public Health Council (YDPHC) since the last SCC meeting. The EC meetings were held on 10/7/2013 and 11/4/2013. The YDPHC held meetings and trainings on Eastern equine encephalitis (EEE) on 9/26/2013 and a Hoarding Training on 10/16/2013. Full Council meetings were held on 9/9/2013 and 12/2/2013.

The EC meeting on 10/7/2013 meeting focused on the recruitment, current membership, and revitalization of the York District DCC. The council also looked at ways to promote the work being done on initiatives.

The 11/4/2013 meeting focused on the December Affordable Care Act meeting. Planning and the agenda were finalized. Also discussed were efforts to select a new board chair.

9/26/2013 The council hosted a forum and presentation on Eastern equine encephalitis (EEE). This was organized in response to the high number of positive mosquito pools in York County. A panel of experts consisting of Maine CDC Epidemiologists, UNE Biologist, veterinarians, and pest control specialists were on hand to answer questions from the audience. Attendance was good at 26 people who ranged from municipal officials to farmers.

On 10/16/2013 the council held a Hoarding 101 training session. Eric Granger from Shalom House Inc. was on hand to present on the complex topic of hoarding. This was of special interest to the council as hoarding is becoming an increase problem for local health officers and healthcare workers. The training talked about the lack of abundance of services and treatment and what can be done. A task force is in the works for York County.

The Full Council meeting held on 9/9/2013 focused on the Public Health Emergency Preparedness. The meeting was well attended and showcased the York County Emergency Management Agency, Cities Readiness Initiative, and the Medical Reserve Corp. This should help generate interesting in participation in the effort to increase the readiness of the York District.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

The Full Council meeting held on 12/2/2013 focused implementation of the Affordable Care Act. We had panelists which included navigators from York County Community Action, from Center for Medicare services, and options for affordable healthcare. The meeting was well attended by a large cross section including hospital administration to the general public.

Ongoing or upcoming projects or priority issues:

- 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
- Development of a hoarding task force to align with

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.
- DPHIP's work group was formed and created a draft plan

Successes Achieved

- **Physical Activity Nutrition and Obesity Workgroup** have met twice during this quarter.
- **Membership Review Committee** has not met this quarter but, membership is discussed at the executive meetings.
- **Public Health Preparedness work group** the group has had informal meetings and communications over email to work and develop some projects for next year. Also a winter newsletter is being created with cold weather preparedness tips to be distributed.
- **Behavioral Health** met informally and also discussed behavioral health at executive committee meetings. Also the behavioral group and the executive committee have decided to take on the hoarding task force as a sub group of the DCC.

York District CTG progress

- Continued to work with Let's Go York County to enroll childcare sites with CTG; total of 45 childcares enrolled.
- Continued to provide technical assistance and resources to 12 CTG schools in York County
- Developed Year 3 work plan and budget

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- Working with the Bicycle Coalition of Maine to established ACE teams in York County; progress/focus has been on the communities of York, Ogunquit and Sanford
- Partnered with WinterKids to provide GOAL training to 38 providers from 17 childcares in October. Participants learned fun, easy activities to get children active during the winter months.
- Contracting with trainer to offer Let's Go workshops and group action planning to York County childcares
- Partnering with UNE to host a SPARK PE training for York County Schools grades K-6 on December 12th and 13th
- Presented Million Hearts at the December 2nd DCC meeting and the Dec 4th Coastal Healthy Communities Coalition retreat
- Developing a York District CTG newsletter- first issue goes out December 18th

Administrative/Other

- Participated on September, October and December state CTG TA calls.
- CTG Oversight Committee met on October 17th
- Co-chair York District Public Health Council Obesity Workgroup; committee met October 9th and December 4th
- Attended state CTG coordinator site visit and in person meeting on September 16th
- Participated in CTG management call September 25th

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. Maryanna Aresnault has resigned as chair of the York DCC due to her retirement in August.

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.

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.

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