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
MARCH 20, 2014

AGENDA

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

11:00 **Welcome, Review Agenda** *(Dr. Pinette and Shawn Yardley)*

11:05 **Introductions**

11:15 **Review Minutes/Evaluation Results from December 19, 2013 Meeting** *(Dr. Pinette)*

11:30 **Accreditation/SHIP/Healthy Maine 2020 Update** *(Nancy Birkhimer)*

12:00 **District Updates**

12:30 **Break**

12:45 **Emergency Room Care Management Collaborative** *(Tracy Emerson)*

1:05 **Shared Health Needs Assessment and Planning Process (SHNAPP) Update** *(Andy Coburn)*

1:25 **Aging and Alzheimer's** *(Roger Renfrew/Laurie Trenholm)*

1:45 **Legislative Update** *(Shawn Yardley/Tina Pettingill)*

1:55 **Evaluation/Next Steps**

2:00 **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 o be provided in each district and across the State in the most efficient, effective and evidence-based manner possible.*

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TTY Users: Dial 711 (Maine Relay)

Statewide Coordinating Council for Public Health

Meeting Minutes for March 20, 2013 11:00 am to 2:00 pm
Augusta Armory, Room 209, 179 Western Avenue, Augusta, ME

In attendance:

Members
Andy Coburn, Jim Davis, Kristen Dow (by Adobe Connect), Joanne Joy, Joel Kase, Betsy Kelly, Jessica Loney, Robin Mayo (by Adobe Connect), Geoff Miller, Sheila Pinette, Bill Primmerman, Connie Putnam, Kristi Ricker (by Adobe Connect), Judy Johnson (for Julie Sullivan), Jerry Whalen, Shawn Yardley, and Cheryl Zwingman-Bagley.

Others
Carrie McFadden, Adam Hartwig, Ron Deprez, Debra Wigand, Becca Matusovich, Nancy Beardsley, Kate Marone, Nancy Birkhimer, Paula Thomson, Al May, Jamie Comstock, Becky Smith, Tina Pettengill, Stacy Boucher (by Adobe Connect), Roger Renfrew, Jessica James, and Laurie Trenholm.

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 December 19, 2013 meeting were accepted as written.

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

Accreditation/SHIP/Healthy Maine 2020 Update. The process for creating the SHIP was inclusive and well done. The final report is approved/released by the Executive Branch. The SCC is characterized as "approving" the plan, but in actuality can only give their opinion on the report. The SCC, by statute, is not an advisory body to the Maine CDC – their role includes the charge to "assist the Maine CDC 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". A letter dated 2/25/14, expressing concerns about proposed changes to the SHIP, was sent to the Maine CDC and was signed by MPHA, ACA, ALA, MMA, MOA and AHA. The concerns were regarding six objectives that were removed and one objective that was added. Over 100 organizations and 78 representatives were involved in developing the SHIP. The majority of the work was collaborative and objectives/priorities were developed using evidence-based practices. A thoughtful and respectful discussion around this issue was held. A motion was made by Shawn Yardley to support the position of the organizations by sending a letter to the administration/Governor, with a resolution stating that

the SCC does not believe the changes/amendments are in the best interests of the people of Maine as they do not reflect the evidence-base. The motion was seconded by Andy Coburn. The SCC Bylaws were reviewed and require a quorum of 15 for voting purposes. A vote was taken. The motion was carried with 14 yes votes, 1 no vote, and 1 abstention. A letter will be drafted by Shawn Yardley on behalf of the SCC.

Resolution:

The SCC supports the excellent work of the MCDC, workgroups and stakeholders to prepare an evidence-based SHIP. The SCC Is concerned however about potential changes that are being considered in the draft plan. Consistent with its statutory charge "to assist the Maine Center for Disease Control and Prevention in planning for the essential public health services and resources…..in the most efficient, effective and evidence-based manner possible", the SCC urges the Maine CDC and the Department of Health and Human Services to (1) include in the final SHIP all of the objectives developed by the SHIP workgroups and (2) not include the proposed objective to disallow the use of SNAP benefits for purchase of sugar-sweetened beverages.

District Updates. Please refer to handouts.

Legislative Update. Tina Pettingill reviewed the progress of seven bills in the legislature:

LD 386 – restores all tobacco cessation benefits to MaineCare recipients; vetoed by the Governor, overridden by the Legislature.
LD 692 – exempts school children from immunizations.
LD 1592 – regarding Local Health Offices; ought not to pass.
LD 1686 – allows EMTs, family/friends of addicts to administer Narcan; Governor will veto.
LD 1689 – reinstates one HIV prevention educator position at the Maine CDC; passed.
LD 1719 – Maine is to receive $5 million in arbitration funds from the tobacco settlement for the FHM. The funds may be on the table to be cut in the supplemental budget.

SHNAPP. Andy Coburn presented an overview of the Shared Health Needs Assessment and Planning Process. (Copies of presentation available upon request.)

Aging and Alzheimer's. That Laurie is CEO of Alzheimer's Assoc and Dr Renfrew is
Laurie Trenholm, CEO of Alzheimer's Association of Maine and Dr. Roger Renfrew, a board certified internist specializing in Geriatrics, presented on Alzheimer's Disease. (Copies of presentation available upon request.)

Adjourn. Meeting adjourned at 2:05 PM

Next Meeting: June 19, 2014 from11:00 AM 3:00 PM, Room 209, Augusta Armory

Addendum to the March 20, 2014 Minutes of the Statewide Coordinating Council

From: Shawn Yardley [mailto:syardley@pchcbangor.org]
Sent: Friday, March 21, 2014 2:07 PM
To: Mayhew, Mary
Cc: Pinette, Sheila
Subject: State Coordinating Council for Public Health

Dear Commissioner,

I am writing to you in my role as the Chair of the State Coordinating Council for Public Health. At our quarterly meeting yesterday, the State Health improvement Plan was on the agenda. The letter previously sent to you from several stakeholder organizations objecting to the proposed changes in objectives was discussed. I felt the discussion was respectful of the Administration's authority to change the document but, at the same time, many of us felt it was our responsibility, as public health professionals and given our role in statute, to express our concerns and recommendations. To that end, a resolution was put on the floor and passed with Dr Pinette voting against the motion, 14 affirmative votes and one abstention. I believe this was an important discussion and one that provided for a productive and respectful avenue for concerned public health professionals to join their voices, not against the administration, but to do what the statute charges them to do. I believe that this opportunity was a positive one for the SCC that will ensure that those gathering will feel empowered, valued and relevant into the future. I hope you agree that an engaged and dedicated public health community is good for the State of Maine, even when there are different points of view.

Resolution:

The SCC supports the excellent work of the MCDC, workgroups and stakeholders to prepare an evidence-based SHIP. The SCC Is concerned however about potential changes that are being considered in the draft plan.

Consistent with its statutory charge "to assist the Maine Center for Disease Control and Prevention in planning for the essential public health services and resources…..in the most efficient, effective and evidence-based manner possible", the SCC urges the Maine CDC and the Department of Health and Human Services to (1) include in the final SHIP all of the objectives developed by the SHIP workgroups and (2) not include the proposed objective to disallow the use of SNAP benefits for purchase of sugar-sweetened beverages.

Again, I, and the entire SCC, understand the Administration's authority to amend the document. We hope you will reconsider the changes and ensure the document accurately reflects the role and position of the SCC in this process and final document. Thank you.

Shawn Yardley, MS
Director of Community Services
Penobscot Community Health Care
103 Maine Avenue, Bangor, Maine 04401
Phone: 207.992.9200 ext. 1968
www.pchc.com

From: Mayhew, Mary [mailto:Mary.Mayhew@maine.gov]
Sent: Tuesday, March 25, 2014 7:09 AM
To: Shawn Yardley
Cc: Pinette, Sheila
Subject: RE: State Coordinating Council for Public Health

Dear Shawn,

Thank you for your note below. I appreciate your perspective and that it led to the drafted resolution from the group.

The development of the State Health Improvement Plan (SHIP) has been a thoughtful and methodical process for Maine. Participants have regularly reviewed the parameters for identifying the priorities and understanding the advisory capacity of the Statewide Coordinating Council (SCC). Because we respect and value the work of all of our health and public health partners, we have been clear from the onset that priorities must be based on available resources and offer a potential focus for work with partners. Further, we emphasized that these recommendations may provide direction to the Maine CDC, but would not automatically be adopted. For those reasons, we acknowledged but could not include the recommendations that support tax hikes and increased spending in the MaineCare program.

We believe that this plan reflects the shared, attainable, measurable public health priorities of this Administration and the people it serves, and represents the broad scope of public health strategies suggested by many of our partners. Most importantly, it does so within existing resources.

As you noted, the statutory charge of the SCC is to serve in an advisory capacity to the process of attaining and maintaining accreditation. The SHIP is one component of that accreditation process; in its reviewed form, it meets the standard as an evidence-informed public health plan. The differing points of view over some of the contents of the SHIP demonstrate an engaged and dedicated council, which is good for the people of Maine. I thank you for your feedback and look forward to the continued advisory support of the SCC for the Department's pursuit of national public health accreditation.

Sincerely,

Mary

Mary C. Mayhew
Commissioner
Maine Department of Health & Human Services

SCC March 20, 2014 Evaluation Summary

- 15 Evaluations were completed and submitted.
- 11 participants report being very engaged, 4 were somewhat 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?

8 SCC Members	• Good discussion
	• Ability to openly discuss the SHIP
	• Presentations on SHNAPP and Alzheimer's/Dementia (2)
	• Had opportunity to discuss some pressing issues and determine an approach
	• Honest discussion of SCC role in SHIP approval
	• Discussion debating whether to support MPHA's position on SHIP – best use of SCC time taking position of importance on public health issues
	• Agenda
	• Flow of meeting
		• Less parliamentary time on SHIP resolution – recognize we don't have approval power/authority, so make our stance/objections known and move on
		• Distance communications are not adequate
			• Very engaged (7)
			  • More discussion, less lined-up presentations
			  • Open discussion on areas of importance in public health
			  • Opportunity for discussion and input; hearing good info on various subjects
			• Somewhat engaged (1)
				• Transition planning for defunded CTG and transportation after CTS contract
				• Issue of socioeconomic conditions in Maine and its impact on county health rankings

4 Key Stakeholders	• Open conversation
	• Conversation around SHIP
	• Alzheimer's presentation
	• Shortened agenda very helpful – appreciated the ability to be more concise
		• Had to leave at 12:55pm – not many agenda items discussed at the point when I had to leave
		• Hard for people on the phone to participate
		• Stay on schedule
		• Cannot hear people speaking; cannot hear speakers on phone
		• Too bad people leave early – rude to later presenters
			• Very engaged (2)
			  • Everyone has opportunity to speak
			• Somewhat engaged (2)
			  • Active listening
				• Operating principles of SCC

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?

3 Interested Parties	• Flexibility of agenda
	• Facilitation of the chairs to ensure everyone was heard on a difficult topic
	• Short agenda
	• Process and agenda content
		• Some clarity on the SCC bylaws and rules would be great	• Very engaged (2)
			  • Facilitation of chair
			  • Willingness for open discussion
			• Somewhat engaged (1)
				• Vector Borne Disease
				• Vulnerable populations/EMA
				• Aging – Thriving in Place

Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: March 7, 2014

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:

  2/05/14 Aroostook DCC meeting
  Guest Presenter: Peter McCorrison, Aroostook Mental Health Center
  2/07/14 Health & Risk Communication subcommittee
  2/18/14 Coordinated Approach to Care Management subcommittee
  Guest Presenters: Tracy McCrossin, DHHS, OFI, Linda Majka DHHS, Tammy Delong, Aroostook Agency on Aging Topic: Changes to MaineCare / Medicare as a result of the ACA
  2/25/14 Mandated Reporter training for public health / public safety
  3/05/14 Steering Committee meeting
  3/14/14 Health and Risk Communications subcommittee
  4/02/14 Steering Committee meeting
  4/15/14 Coordinated Approach to Care Management subcommittee
  Guest Presenter: TBD – request pending for DHHS staff responsible for oversight of Certificate Of Need determinations.
  5/07/14 Aroostook DCC meeting

Ongoing or upcoming projects or priority issues:

- February 25, 2014 – Public Health 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. The audience included Code Enforcement, Local Health Officers, Housing Authority Staff, EMS, Fire, Home Visitors, Public Health Nursing.

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
  - Inclusion of DPHIP progress report as a standing agenda item for DCC meeting
  - In development - a unifying tagline and logo for use with health promotion messages originating from the Health and Risk Communication Subcommittee to raise visibility /awareness of the partner organizations working together to improve public health

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22 M.R.S.§412 (2011).

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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

- Barriers encountered
  - Limited volunteer time and resources

Structural and Operational changes, including updates in membership.

None this quarter

In-district or multi-district collaborations:

- Aroostook DCC, NMCC/AHEC, DHHS OADS, and DHHS Child and Family Services collaborated 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: March 20, 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 January 28 DCC meeting, we had updates from the DPHIP workgroups and meeting attendees, and then a presentation on the Prevention Impacts Simulation Model (PRISM) with Jane Branscomb, from the Georgia Health Policy Center. DCC members discussed how to the use the model for their work, and formed a group of partners who would like additional training and networking on PRISM use.

Ongoing or upcoming projects or priority issues: CTG deliverables and close out of grant; use of PRISM tool with US CDC; District Public Health Improvement Plan (DPHIP) priorities -- Mental Health & Substance Abuse, Physical Activity, and Oral Health; workgroup core leadership/backbone support policy, recruiting/maintaining sector membership; how to handle grant applications for district work

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 before quarterly DCC meeting

Successes achieved

- Updated DPHIP priorities: Mental Health & Substance Abuse, Physical Activity, and Oral Health
- Workgroups met to start to implement strategies; Oral Health screening/access project underway

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 quarter reporting and cost study requirements
- Outreach to communities to form Active Community Environments Teams

Successes achieved

- 57 Early Care and Education (ECE) sites, seven schools, and 39 stakeholder groups enrolled in CTG
- Scheduled 5 child care workshops and action trainings; working to incorporate in regular curricula
- Updated Facebook page and website, e-newsletter sent to child care partners sent regularly

Barriers encountered

- Premature end of grant in September 2014, shorter timeframe for sustainability planning

Structural and Operational changes, including updates in membership. Added a University of Maine Cooperative Extension DCC member, had one CTG Oversight Committee member resign.

In-district or multi-district collaborations: MaineGeneral Diabetes Prevention CTG Grant, PRISM Users Group, Jackman Health Center, Senior Transportation & Health Issues

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

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Template updated 03/2012

District: Cumberland	Date: 3/20/14

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:

- Robert Woods Johnson's Shared Services Learning Community- A gap analysis and feasibility analysis have been drafted to assess various options for regionalizing public health services. Next steps are to draft a long-term and short-term approach to the best option.
- 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 is preparing for a regional sheltering exercise in May.
- Health Equity workgroup has applied for a grant from the MCF People of Color fund to expand Health on the Move.

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 are underway on all priorities. With such a 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:
  - Health Equity: Health on the Move – offer screenings, preventive services, outreach/referrals in community settings among populations who lack access and face barriers to care
  - Mental health and substance abuse: developed cards for distribution by first responders, health care providers and others to promote 211, the warmline and the crisis hotline as resources before a situation escalates to needing crisis intervention
  - 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
  - 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 OSC met on February 24, 2013.
- All three subcontracts have been completed.
- CTG coordinator, DL, and others participated in 3 Technical Assistance calls (January, February, and March).
- CTG coordinator uploaded performance monitoring data to evaluation database, as needed.
- CTG Coordinator submitted Quarterly Narrative Report for Q1 to the CTG Wiki site.
- CTG coordinator submitted Quarterly Cost Study data to the CTG Wiki site.
- CTG coordinator submitted Communications tracking data for Q1 through the performance monitoring site.
- CTG coordinator and Fiscal lead participating in ad-hoc conference call regarding the announcement of CTG funding cuts.

Structural and Operational changes, including updates in membership.

- CTG funding will not be renewed for Years 4 and 5, due to budget changes at the Federal CDC.
- Preliminary membership analysis completed. Membership Committee will meet soon to review.

In-district or multi-district collaborations:

The Greater Portland Refugee & Immigrant Healthcare Collaborative is working on a MeHaf Access to Quality Care grant (led by Portland Community Health Center), to develop mechanisms for ensuring access to primary care (also dental care and mental health) among people who will remain uninsured after full ACA implementation, particularly asylum seekers.

Other topics of interest for SCC members:

Growing interest among partners in understanding more about the Shared Community Health Needs Assessment Planning process and how it will play out at local/district levels.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Down East	**Date: 20 March 2014**

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

District Public Health Council Meetings
January 24 at Maine Seacoast Mission Cherryfield with twenty-five participants (nineteen in room and six joining via Adobe Connect/Conference Call).
The agenda was divided out for breakout sessions for the three DPHIP priorities and a facilitated discussion on the value and role of the public health council.

- Incorporating Adobe Connect for connecting folks to meeting.
- Three DPHIP Priority Work Groups convened and went through a facilitated process.
- Valerie Landry facilitated a part of the meeting through an open discussion, asking questions about the value of the district council, why do organizations participate, and how can we make changes that will create an engaging and useful time for organizations to share and collaborate.

Next meeting is scheduled for March 28 at Maine Seacoast Mission in Cherryfield (9:00 am to 12:00 pm)
Meeting schedule for 2014: January 24, March 28, May 23, July 25, September 26, & November 21.

Executive Committee Meetings
February 28 via Adobe Connect/Conference Call.
Most of the agenda was provided to Valerie Landry who gave a summary of the themes and issues that came through at our January 24 meeting. A lively discussion was held on a variety of issues that Valerie will capture and then develop strategies for at our March meeting. There was some thought that we should take more time for this process and allow Valerie more time to get a full perspective from council members.
Next meeting is scheduled for April 25 (9:30 – 11:00 am)

Ongoing or upcoming projects or priority issues:

- Well Water Quality Concerns meeting in Ellsworth on March27.
- Downeast Transportation Work Group monthly meetings.
- Ongoing Partner Committees working on Food Access Issues and developing Food Council in both counties.
- District Liaison and County Emergency Preparedness looking to develop communication plan to vulnerable populations.

Progress with District Public Health Improvement Plan:

- Three Priorities: Environmental Health, Food Access and Policy, and Clinical Health Care System.
- Time set aside at each district council meeting for teams to meet and work.
- Teams are developing focus areas and two objectives to work on.

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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

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

Progress with Community Transformation Grant:

- ECE Providers: we have added six more providers (over our goal) to allow for ongoing work with ECE support groups and additional trainings.
- School Food Service Staff training held in Calais and Bucksport during November.
- Ongoing strategic collaborative meetings occurring bringing CTG1, CTG2 and CTG Tribal folks.
- Schools: we will focus on meeting our goal of twenty-one schools by September 2014.

Structural and Operational changes, including updates in membership.

- Bylaw implementation occurring at Executive Committee over next year with focus on communication and membership.
- Value and role of district council is being facilitated by Valerie Landry as a pilot to better understand our public health infrastructure at the community and district level.

In-district or multi-district collaborations:

- Meetings between five hospitals, Eastern Maine Healthcare System, and district liaison in discussing the community health needs assessment process, with a survey-based assessment occurring this year to cover 990 requirements and to align for a statewide 2016 timeline.
- 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:

- Communication and coordination of efforts between District and State Coordinating Councils: is there a defined process for this to occur?

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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

Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: MidCoast	Date: 3/20/14

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:

- Steering Committee has finished review of draft Bylaws and have sent to full DCC for initial review. Midcoast Bylaws reviewed and approved at the March 11, 2014 full DCC meeting.
- DPHIP BEH Health priority: ACES conference and call to action to be held; SIRP expansion to Lincoln County supported, resulting in 100% coverage; review of Marijuana advocacy and education work to be presented to DCC.
- Midcoast Public Health logo presented to and approved by DCC at March 11 meeting.
- Sponsorship of Aging in Place workshops approved at March 11 DCC meeting.

Progress with District Public Health Improvement Plan:

- DPHIP priority subcommittees (Transportation and Behavioral Health) continue work on topic related issues.
- 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?
  - Host ACES conference and call to action
  - Support SIRP program expansion in Lincoln County, to be sustained by HLC entirely starting 7/1
- The Transportation Committee will:
  - Continue to recruit interested stakeholders for participation in the work group.
  - Identify, attend and collaborate with other district groups addressing the issue of transportation.
  - Define 2014 strategic plan for 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. vulnerable populations, tic borne disease).

Progress with Community Transformation Grant:

- Search for a new CTG coordinator was ended by the CTG Oversight Committee when news the grant

22 M.R.S.§412 (2011).

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would end 9/30/14 was received. Current coordinator Jen Gunderman-King has agreed to stay on and wrap up the year.

- Two Midcoast towns – Belfast and Wiscasset are in the process of developing ACE Teams.
- Mini grant applications have been distributed to early childcare and education sites/K-12 schools and municipalities to support the improvement of physical activity and nutrition. The CTG Oversight Committee will review and award appropriate gift certificates. Winning proposals from childcare and schools will receive items such as books and DVDs. Fun food label signs for the cafeteria, or Johnny Seed, Flaghouse and Amazon.com (for physical activity equipment and supplies) gift certificates. Winning municipalities and ACE Teams will receive gift certificates for items such as printing trail maps, support for an active community event, resources to start an ACE team.

Structural and Operational changes, including updates in membership.

- The full DCC reviewed and approved bylaws at 3/11/14 meeting. At the next steering committee meeting based on adoption of the bylaws a gap analysis will be conducted of the membership with the goal of 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 wide outreach campaign has started. Each HMP will disseminate the same outreach item (“Kids Run Better Unleaded” reusable grocery bag) along with various LPPP “tip sheets” to target populations.
- 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:

- The Midcoast DCC and Sagadahoc Board of Health are co-sponsoring a “Hoarding 101” workshop for Local Health Officers on April 30, 2014.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Public Health
Prevent. Promote. Protect.

Template updated 03/2012

District: Penquis District	**Date: March 20, 2014**

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 a follow-up to the Adverse Childhood Experiences (ACEs) Forum. The Penquis Public Health District had an interactive conversation with The Community Caring Collaborative. *Marjorie Withers, LCPC, Executive Director The Community Caring Collaborative (CCC)*, she gave an overview and engaged the DCC in a conversation building on the success of the *Adverse Childhood Experiences Forum* held in December. The conversation included learning opportunities about collaboration and successes gained through partnership.

The CCC is a collaboration of agencies and providers and families that is working to bring more services and supports to families in Washington County.

Ongoing or upcoming projects or priority issues:

- ACEs Planning for June meeting next steps
- 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, we may not be able to continue this project due to the loss of CTG position
- Poverty/ Adverse Childhood Experiences (ACES) –Develop next step and follow up from the forum. Potential June meeting to continue planning
- Obesity/ Diabetes-The steering committee is planning to hold a meeting dedicated to success stories related to the CTG work, if we can do this before the funding end.

Progress with Community Transformation Grant:

- Activities planned for completion during the quarter

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- Held 3 regional ECE trainings (Lincoln, Dover-Foxcroft & Bangor) in collaboration w/ the SNAP ED programs
- Trained 3 schools (Glenburn, Lee, Morrison Elementary) in the WinterKids program
- Submitted People for Bikes grant applications for Orono & Lincoln ACE Teams
- Held HOP Trails (Heart of Penobscot) regional meeting for 11 towns involved in trails initiative
- Trained 32 staff at Granite St Elementary School in Millinocket on Recess Rocks program
- Attended local coalition meetings; attended school wellness meetings
- Had 2 new ECE sites enroll in CTG – have met 5 yr goal
- Enrolled 5 new school sites in CTG
- Trained 22 UMaine Child Care staff on healthy eating/active living for children
- Brought Dunk the Junk program to Milo (MSAD 41) School District
- Attended the Milo Community Wellness Expo and held a physical activity and nutrition station for information
- Have a Bike/Ped Community Forum planned for 3/27 in Bangor in collaboration w/ the Bicycle Coalition of Maine

- Whether activities were able to be completed on schedule
  - Yes
- Successes achieved
  - Met 5 year ECE goal numbers
  - Enrolled 5 new schools and 2 new ECE sites
  - Held a Regional Trails meeting for 12 surrounding towns
- Barriers encountered
  - Learned of loss of CTG funds – how will this work be sustained?

Structural and Operational changes, including updates in membership. (included as requested by SCC Steering Committee)

CTG position being eliminated

In-district or multi-district collaborations:

- Community Transformation Grant
- Continued education/work session on ACEs
- Possible work with Donna Beegle on poverty issues

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 Name : Penquis

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

District: Wabanaki	Date: 03/20/14

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:

- Strengthening Tribal Substance Abuse Task Forces
- Liaison is working with CTG Coordinator on BP/Cholesterol pilot project and workshop presentation for National Indian Board of Health for the 5th Annual Tribal Public Health Summit in Billings, Montana, regarding the BP/Cholesterol pilot project and the Wabanaki Public Health District.
- Working with Maine CDC Emergency Preparedness to plan a mock closed point of dispensary at the Houlton Band of Maliseets.

Progress with District Public Health Improvement Plan:

- Passamaquoddy Community Profiles has been finalized and printed. Working with Passamaquoddy Health Directors and Tribal Leadership on distribution and gaining community involvement in creating Community Health Improvement Plans for both Indian Township and Sipayik.
- Signed contract with University of Nebraska Medical Center to complete Community Profiles for the Penobscot, Maliseet, and Micmac communities based on the results of the Waponahki Health Assessment.
- Continued involvement with Penquis, Aroostook, and Downeast DCC's

Progress with Community Transformation Grant:

- Completed CTG Site visit with Project Officer, Dawn Littlefield-Gordon.
- Submission and acceptance to present at National Indian Board of Health for the 5th Annual Tribal Public Health Summit in Billings, Montana, regarding the BP/Cholesterol pilot project and the Wabanaki Public Health District.
- Currently working with Indian Township School, the newest CTG enrolled site.
- Conducting annual follow up and site visits with Early Care sites.
- Publishing a brochure for the Wabanaki District including all programs within Wabanaki Public Health: CTG, Tribal Liaisons, and Healthy Wabanaki.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Structural and Operational changes, including updates in membership.

- **Increased membership of DCC**

In-district or multi-district collaborations:

- Wabanaki Public Health hosted a collaborative meeting of the "Washington County Collaboration," between all district staff, the Passamaquoddy Health Directors and Washington County One Community to work towards shared efforts and messaging around areas of concern in both the Tribal and surrounding communities.
- Partnering with Downeast District CTG to provide Winter Kids trainings to Schools and Early Care sites at the Wabanaki Cultural Center, rescheduled to March 18, 2014.
- Participating with the Downeast CTG Collaboration
- Continued involvement with Penquis, Aroostook, and Downeast DCC's

Other topics of interest for SCC members:

- Liaison will be partnering with HMP Wellness Coordinator to provide blood pressure and cholesterol screenings at a tribal wide Employee Wellness Kick-off Event in Indian Township on March 18, 2014.
- Wabanaki Public Health is hosting the next Washington County Collaboration meeting with the Passamaquoddy Health Directors, their staff, and Washington County One Community on March 24, 2014.
- Tribal Liaisons, Healthy Wabanaki, the CTG Coordinator and the Tribal Home Visiting programs will have exhibits at the upcoming Wabanaki Intertribal Spring Social in Brewer, Maine on March 29, 2014. Maine CDC Emergency Preparedness is providing the Liaison with information to disseminate, as the theme for the social is "Emergency Preparedness."
- Liaison and CTG Coordinator will be presenting the workshop: ***"Partnering to Strengthen Public Health Initiatives in Maine's Federally Recognized Tribal Communities"*** at the National Indian Health Board's 5th Annual Public Health Summit in Billings, Montana on April 2, 2014.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 06/2012

District: Western	Date: March 2014

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 and a new chair.
- 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 – Executive committee for this group met on February 10th to discuss progress coordinator was making on recruiting providers to use the tool as well as how to make the tool more effective for users. On February 12th a conference call was held with the larger steering committee to determine results of face to face meeting on February 10th as well as discuss other opportunities for using the tool. This resulted in discussion around collaboration with colleges and hospitals/heatlh care providers around using the tool to advertise internship opportunities and potential funding from providers. The next steering committee call is scheduled for March 24th.

Behavioral Health – This work group consists of collaboration with all HMP substance abuse staff and recruiting other members in Western District. Scott Gagnon from HA is the lead on this priority workgroup and recently provided a marijuana presentation at the DCC meeting on January 24th and requested members from the district connect with him in regards to hosting a town hall forum in Lewiston around marijuana education as well as the potential to host forums in Franklin and Oxford counties as well.

Obesity – Planning Committee (Nicole, Jamal, Jamie and Lorrie) met on January 29th to develop

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agenda for the February 20th strategic planning meeting. On February 20th the strategic planning meeting convened at FMH to determine focus areas for moving forward to address this priority. The two focus areas determined from the group present were nutrition activities and communications throughout the district using the collaborative tool and focus on local foods. On February 27th the planning committee had a conference to call to discuss results of strategic planning committee and it was decided that Nicole will be setting up regular ongoing meetings for this workgroup to discuss next steps.

Progress with Community Transformation Grant:

The biggest (and most unfortunate) update for CTG is that CTG funding will unfortunately end at the end of this fiscal year (September 29, 2014), instead of in 2016. Due to this, we have had and are continuing to have meetings between members of the Oversight Committee of the grant and the CTG Coordinator to make contingency plans for our district, and discuss how best to move forward in completing the year in the most effective way. This includes planning for sustainability of the hard work that has happened in our region over the previous 2 years of the grant.

CTG Coordinator has also recently enrolled a school district (MSAD 72) that includes 3 schools in Fryeburg, which is great and she is looking forward to working with them. CTG Coordinator spoke recently at a training for a large group of child care providers (around 50) to hopefully recruit some new child care sites and will see if that results in any new providers. CTG Coordinator has continued to support ACE teams and will be working to connect them to state resources so that they can continue to meet and impact their communities once the grant has ended.

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: March, 20th 2014

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), two hoarding task force, and one full council meeting were held since the last SCC meeting. The meetings were held on January 6th 2014, and February 3rd, 2014. A full Council Meeting was held on March 4th, 2014

The Executive committees met twice to plan the council meetings, and align resources to ensure success would continue.

The Hoarding task force a sub group of the behavioral health task force continues to meet. The task force had one full meeting and another small planning group meeting. The task force is working on holding two hoarding 101 trainings one for the southern coastal part of the district and another for the northwestern portion of the district.

The March 4th Full Council meeting focused Marijuana policy and impacts on public health. The meeting was well attended, and gave many organizations, people, and agencies the chance to ask the panel of experts' questions. The panel included Scott Gagnon from Smart Approaches to Marijuana, Caren Klien of the York Hospital Cottage Program, Sally Manninen Substance Abuse Prevention Coordinator of Choose to be Healthy York, and Chief Robert McKenzie from the Kennebunk Police Department.

Ongoing or upcoming projects or priority issues:

- Continued Recruitment of faith-based, business and private sector membership
- Implementation of the Community Transformation Grant Initiative
- Hoarding Task Force
- Continued development of the Council's strategic work plan
- Revisiting & Strengthening the Council's Governance & Structure

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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.
- A draft DHIP was completed in December, and it continues to be reviewed.
- 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 new District Liaison will make every effort to attend or call into workgroup sessions to offer guidance and support. Presently the Obesity and Immunization Workgroups are on schedule and the Access workgroup is in the process of reconvening.
- Success achieved- The council continues to draw in new members and organization through the hoarding task force. The group has been an excellent vehicle to expose people to public health and how they or their organization fit in.
- Barriers encountered-Time & resources, and the canceling of the CTG contract in September will create and ongoing barrier.

Progress with Community Transformation Grant:

York District CTG progress

Continued to work with Let's Go York County to enroll childcare sites with CTG; total of 46 childcares enrolled

Continued to provide technical assistance and resources to 13 CTG schools in York County

Continued to provide Active Play workshops to licensed childcare providers during Quarter 2.

York County Active Community Environment Network met on January 22nd in Sanford. Meeting included:

- Updates on Bicycle, Pedestrian, and Active Community happenings in York County
- An introduction to the Bicycle Coalition of Maine Community Spokes Program
- Skill-Builder Presentation: "Lower Cost, High Impact: Bikeway Implementation Strategies"

In partnership with local HMPs and Let's Go York County, held school wellness policy forum for school administrators and staff on January 14th. Participants learned about the Hunger Free Kids Act and how to implement changes into wellness policies

CTG Coordinator sent out resource information on Million Hearts to key stakeholders in January to share with community partners. Resource information included:

- Sample newsletter article template

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- Partner fact sheet
- Sample press release template
- Million Hearts FAQ

Administrative/Other
Participated on January state CTG TA calls.
CTG Oversight Committee met on January 6th; next meeting is May 5th
Submitted draft success stories to the state for review
2nd issue of the CTG York District newsletter was sent out in mid-February
Note: CTG Coordinator on maternity leave January 20th- April 2nd

Structural and Operational changes, including updates in membership.

We continue to reach out to new members and sectors to increase the scope and influence of the council. DEB Erickson-Irons has assumed the chair role of the council, and Sue Patterson has joined the executive committee. The loss of CTG in the long run, could potentially have some negative effects on the council.

In-district or multi-district collaborations:

York & Cumberland Districts continue to collaborate on several projects. YDPHC members serve on other Councils and coalitions to provide linkages between efforts to streamline our work and identify additional opportunities where collaboration is possible.

Other topics of interest for SCC members:

Discerning potential public health forums for YDPHC to host.

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