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

Community Transformation Grant National Goals

- Investing in Healthier Communities
- The program is expected to improve the health of more than 4 out of 10 U.S. people—about 130 million Americans.
- Affordable Care Act Funding
  - CTG 1- 2011, a total of $103 Million awarded: 61 awards in 36 States
  - CTG Small Communities Awards- 2012, a total of $70 Million awarded to 40 communities

MeCDC Community Transformation Grant

- CTG- 1
- Awarded Sept 30, 2011
- A five year cooperative agreement with CDC
- 1.3 million a year- approx.$1 per person
- Building on Previous Efforts
- Structure: State and Community
  - CTG State Management Team
  - State Level CTG categorical workgroups
  - 9 Public Health Districts

Strategic Areas

- Support Tobacco-free living
- Protect people from second hand smoke
- Increase active living and healthy eating
- Increase use of high impact quality clinical preventive services: Changes in usual clinical care to control high blood pressure, high cholesterol

5 Year Objectives

PPO 1: Increase the number of people with access to physical activity opportunities to 76,000 by September 2016. (PH District Objectives)

PPO 2: Increase the number of people with access to healthy and safe physical environments to 350,000 by September 2016. (PH District Objective)

PPO 3: Increase the number of people who access smoking cessation services from 0 to 6,000 by September 2016. (State Level Objectives)

PPO 4: Increase the number of people with increased access to environments with healthy foods or beverage options from 0 to 79,000 by September 2016. (State and PH District Objectives)

PPO 5: Increase the number of people that are protected from exposure to second hand smoke from 0 to 46,332 by September 2016. (State Level Objectives)

PPO 6: Increase the number of people covered by healthcare sites that support the control of high blood pressure and cholesterol to 104,316 by September 2016. (State and PH District Objectives)

State Level Implementation

- Improve Clinical care to control high blood pressure, high cholesterol: Federally Qualified Health Centers
- Improve Nutrition environments at DHHS worksites
- Reduce Tobacco use and increase smoke free environments: DHHS Contracted Behavioral Health Providers, Licensed Child Care Providers and Lesbian, Gay, Bisexual, and Transgender populations
- Maintain infrastructure to support the district and state level implementation

Progress State

Tobacco Objectives

- DHHS Contracted Behavioral Health Providers
  - 376 BH Sites were surveyed
  - The results of the survey will provide guidance for CTG in developing model tobacco and second hand smoke policies for use within the behavioral health communities.
  - Training on tobacco control best practices held in August and September with an average of 60 attendees
  - 37 sites have contacted CTI for enhanced clinical quality improvement as a result of this survey

Progress State(cont.)

Tobacco Objectives

- LGBT Pilot in progress
  - In the 2001-2009 Youth Risk Behavior Surveillance System MMWR report, current smoking for lesbian/gay/bisexual students was at median rate of 31%; median rate for heterosexual students was 14%
  - Working in school-based health centers to address this disparity
  - Competent Care for LGBT Youth/Tobacco Use in the LGBT Population training held in August
  - Health centers will be using Rapid Assessment for Adolescent Preventive Services (RAAPS) screening tool

Progress State(cont.)

Tobacco Objectives

- Smoke free environments in Licensed Early Care and Education Sites(child care providers)
  - Working with State tobacco program a tobacco brochure has been created for ECE
  - Timeline and strategies for dissemination have been created
  - Education and support for State Licensing personnel planned
  - Further support from Breathe Easy Coalition on developing model policy for ECE sites outlined

Progress State(cont.)

Nutrition Objective

- Maine CDC employee survey on nutrition in the workplace, March 2013 (58% response rate)
- The information collected will be used to develop nutrition guidelines, communications, and technical assistance for worksite nutrition at the other DHHS worksites.

Progress State(cont.)

Clinical Objective

- 3 FQHCs are actively involved in the piloting of the Patient Navigation Approach to Managing BP/Chol
  - Islands Community Medical Services
  - Sacopee Valley Health Center
  - Nasson Health Care
- Progress with Pilot includes:
  - Baseline assessments have been done at all three sites
  - Clinical Cohorts have been identified
  - Implementation Strategies underway
  - The State IRB is currently assessing evaluation questions and approach
  - The pilot will completed in Spring 2014

Unique Features

Islands Community Medical Services

- Island community
- Disproportionate self-pay/uninsured population

Sacopee Valley Health Center

- New Hampshire border
- Extensive history with integrated care

Nasson Health Care

- Special populations (public housing, homeless)
- Community Action Program (CAP)

District Level Implementation

- Improve nutritional environments at Early Care and Education(required) and School settings(required)
- Increase the amount of minutes/opportunities for daily physical activity at ECE and School settings(required)
- Increase the number of recognized Active Community Environment Teams (optional)
- Improve Clinical care to control high blood pressure, high cholesterol (optional)

Progress-District

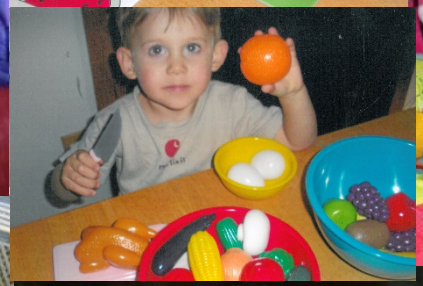
Nutrition and Physical Activity Objectives(ECE sites)

- 379 sites enrolled
- 251 sites completed post assessment
- 247 sites have made changes!
  - 249 made changes in physical activity or nutrition
  - 98% made changes in nutrition
  - 96% made changes in physical activity

Early Care and Education Progress

- Increased healthy foods and beverages, reduced screen time, and increased physical activity
- Increased awareness of healthy behaviors and culture/atmosphere shifted
- Attended training opportunities on healthy childcare environments
- Engaged parents and offered education in the form of workshops, activities, and/or take home materials
- Increased implementation and enforcement of rules/policies to promote healthy eating and active living

Fruity Fun
Apple
Pear
Grapes
Watermelon



Progress-District(cont.)

Nutrition and Physical Activity Objectives (school sites)

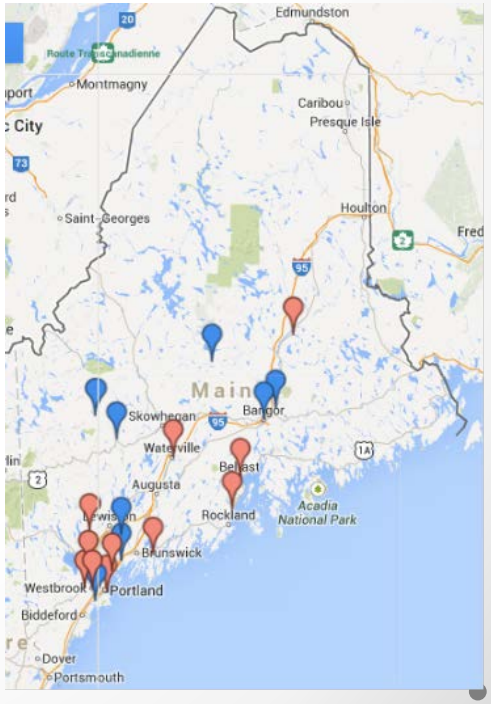
School Progress

- 49 schools enrolled
- 37 schools have completed baseline assessment: for some schools, best practice is already routine when it comes to:
  - Allowing students to have water at any time during the school day (58%)
  - Offering healthy cafeteria/a la carte options (44%)
  - Using physical activity as a reward (30%)
  - Not allowing physical activity to be withheld as a form of discipline (33%)
  - Most schools need work to…
  - Make healthy options available at celebrations/parties/events (9%)
  - Provide healthier snacks (24%)
  - Assign an adult to encourage movement at recess either by monitoring student-led activities or by leading/organizing activities (13%)

Progress-District(cont.)

Active Community Environment (ACE) Teams objective(optional objective)

- Four Districts have been actively working on the ACET objective: Penquis, Cumberland, Western, and MidCoast
- 8 Formally Recognized ACE Teams
- 7 ACE Teams in Progress



Progress-District(cont.)

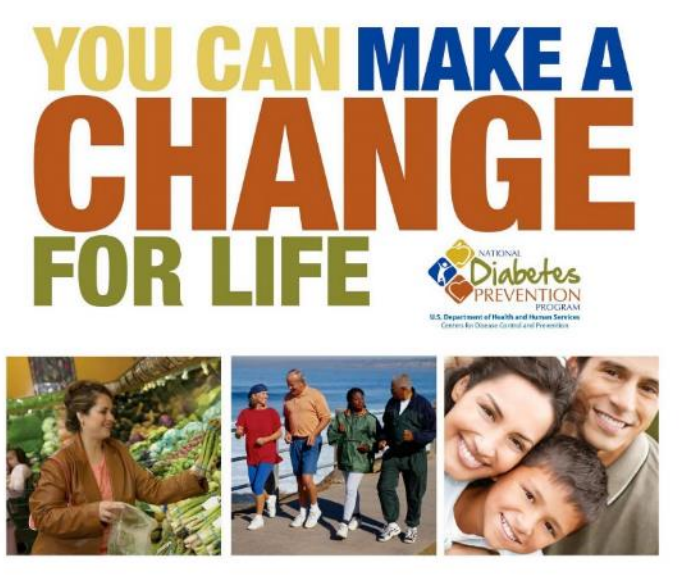
Community Clinical Prevention Objective(optional objective)

- Wabanaki PH Health District:"Focused Approach to Managing High Blood Pressure and High Blood Cholesterol" 12-month pilot was launched this summer with 3 health centers
  - Community Outreach
  - Health fairs, clinic referrals, community outreach
  - Clinical Focused Approach
  - Measurements of blood pressure and cholesterol meet guidelines
  - Identification of high risk patients
  - Work with patients to set goals and link to clinical and community resources for follow-up.
  - Follow-up with patients to check on progress!

Progress-District(cont.)

Community Clinical Prevention Objective(Optional Objective)

- Million Hearts and the National Diabetes Prevention Program



General CTG updates

- General Updates
  - Maine CTG submitted our first Success Story for consideration into US CDC Division of Community Health Library of Community work; it is final clearance from US CDC and is set to be published nationally!
  - CTG State Manager presented at the CTG Atlanta Meeting in August on Maine CDC use of the US CDC Success Story tool
  - CTG will be presenting on the Success within ECE at the Annual American Public Health Association Meeting in November
  - Maine has been receiving recognition with US CDC on the structure and implementation of our award.
  - Our US CDC Project Officer is visiting Maine this week

Questions?

Public Health Accreditation in Maine

Presentation to the Statewide Coordinating Council for Public Health

September 19, 2013 • Augusta, Maine

Shane Gallagher & Kate Marone

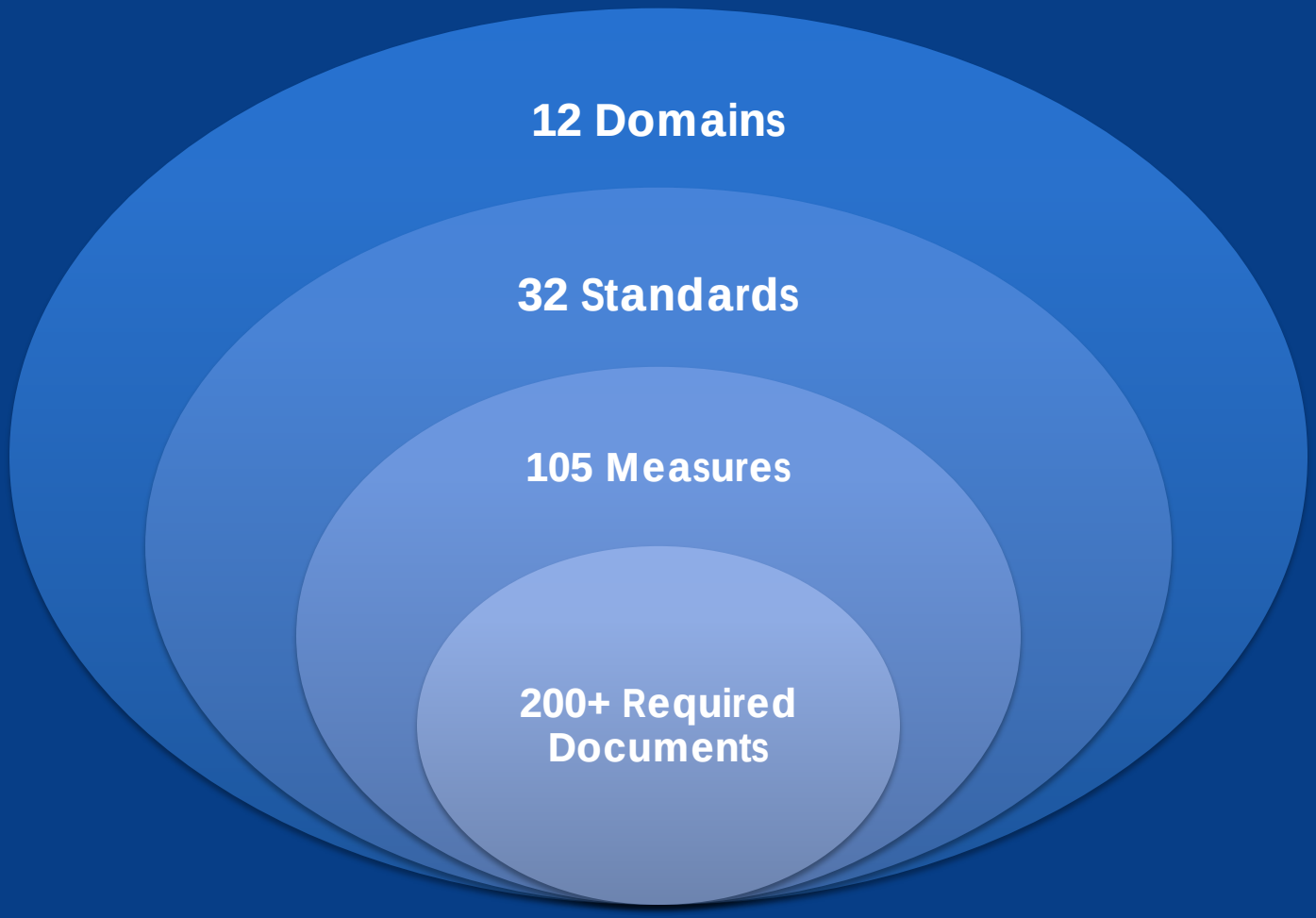
Agenda

- Accreditation Refresher
- Status: Maine CDC
- Status: Portland Public Health
- Questions & Answers

Public Health Accreditation Board

"Measuring performance of public health departments against a set of nationally recognized, practice-focused and evidence-based standards"

PHAB Accreditation Structure



Name That Standard!

Standard Engage with the public health system and the community in identifying and addressing public health problems through collaborative processes.

Measure	Purpose	Significance
Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations	The purpose of this measure is to assess the health department's engagement with representatives of sectors of the community and partners in the public health system to address public health issues and concerns.	Collaboration to address particular public health issues and concerns or populations provides various perspectives and additional expertise. Collaboration provides the opportunity to leverage resources, coordinate activities, and employ community assets in new and effective ways. Collaboration includes engagement with community members so that they are participants in the process and feel connected to the decisions made and actions taken.

Required Documentation	Guidance
1. Documentation of current collaborations that address specific public health issues or populations	1. The health department must provide two examples of current collaborations in which it is an active member. Each collaboration must address a particular public health issue or population. Examples include: an anti-tobacco coalition, a maternal and child health coalition, an HIV/AIDS coalition, a childhood injury prevention partnership, child labor coalition, immigrant worker/community coalition, newborn screening advisory group, and a partnership to decrease childhood obesity. Tribal public health departments may partner with other Tribal or local partners, such as Headstart, emergency management, and social services to address specific Tribal health issues.

Name That Standard!

Standard 4.1: Engage with the public health system and the community in identifying and addressing public health problems through collaborative processes.

Measure	Purpose	Significance
4.1.1 A Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations	The purpose of this measure is to assess the health department's engagement with representatives of sectors of the community and partners in the public health system to address public health issues and concerns.	Collaboration to address particular public health issues and concerns or populations provides various perspectives and additional expertise. Collaboration provides the opportunity to leverage resources, coordinate activities, and employ community assets in new and effective ways. Collaboration includes engagement with community members so that they are participants in the process and feel connected to the decisions made and actions taken.

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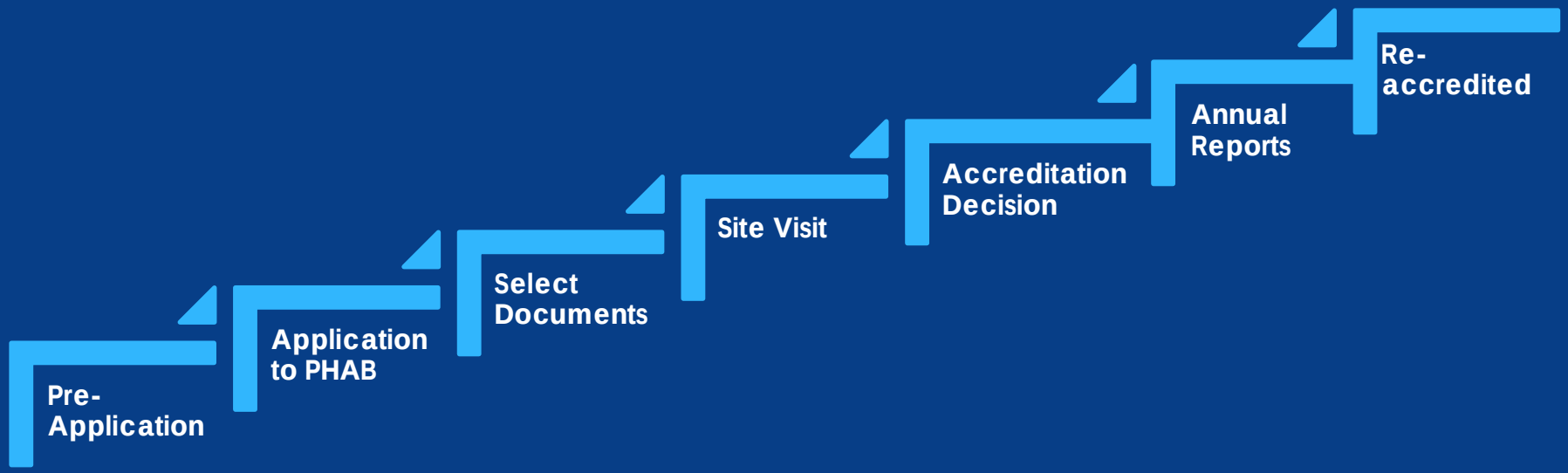
Getting Ready

Pre-requisite Documents

- Health Assessment
- Health Improvement Plan
- Agency Strategic Plan

The Process

7 Steps



But why?

Raising the Bar

PHAB News

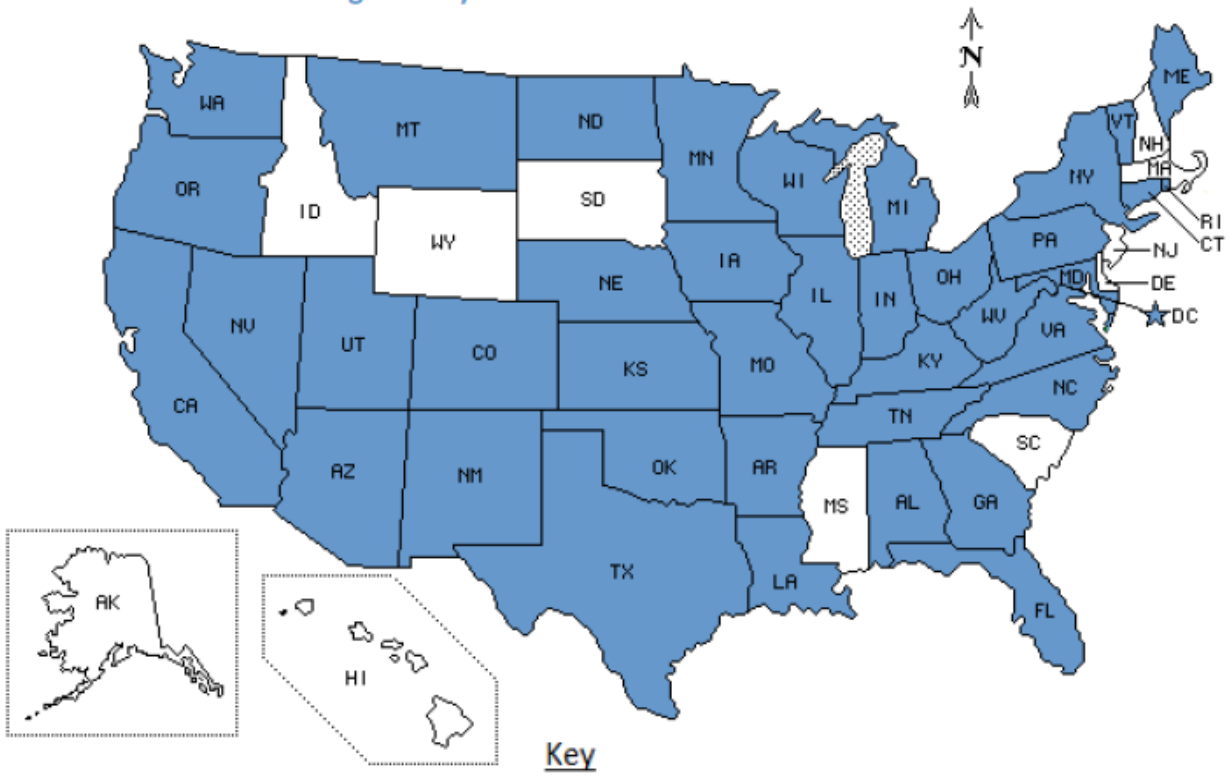
- Proposed Version 1.5 of Standards and Measures
- So far…**19 Health Departments Accredited**
  - 2 State Health Departments
  - 17 Local/Regional Health Departments
- **150+ Health Departments Applied** and in e-PHAB

September 10, 2013

157 Health Departments in e-PHAB

Public Health Accreditation Board (PHAB) Distribution of Health Departments:

- Local: 129
- State: 18
- Tribal: 1
- *Centralized States Integrated System: 9



*Single accreditation for multiple health departments

Applicant Names Are Kept Confidential

Status Update:
Maine CDC

Status Update: Maine CDC

- Step 1: Pre Application
- Timeline:
  - Gathering and preparing documents
  - Submit Statement of Intent to Apply
  - Application to PHAB in January, 2014

Current Activities

- 12 Domain Teams
  - Gather, assess, and prepare documents
- New Document Management System
  - SharePoint
- Assess and increase staff awareness and engagement

DOMAIN 6
THE
ENFORCERS
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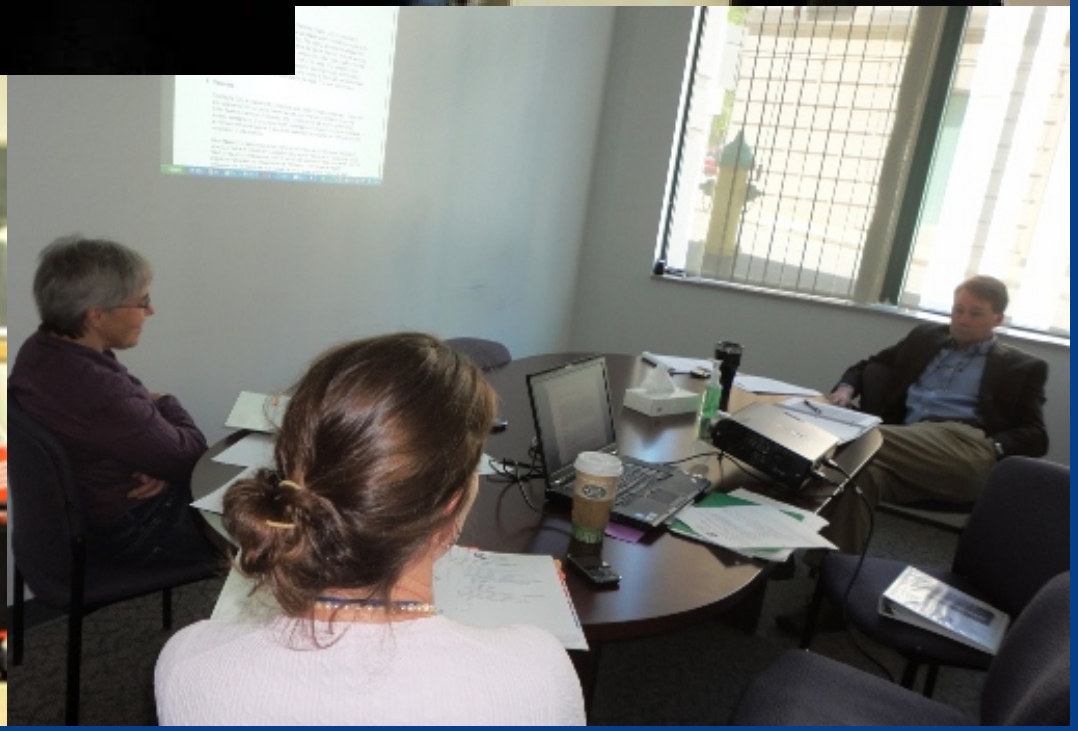
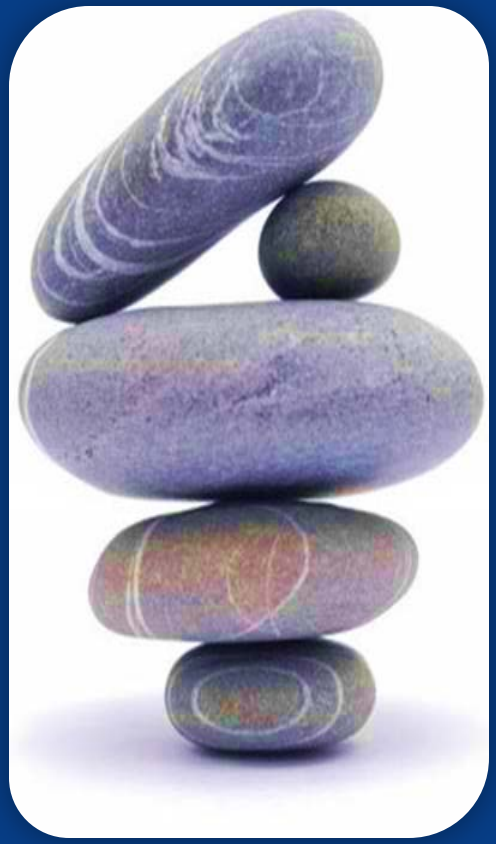


Current Activities-ctd.



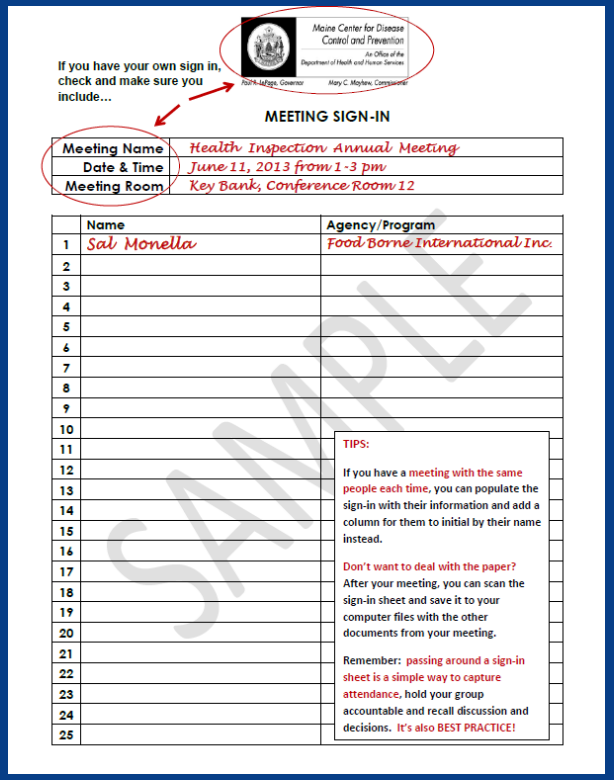
Filling the Gaps

- the "Big Three" (1 and 5)
  - SHIP
- Workforce Development (8)
- Performance Management System (9)
- Policy updates (11)

Takeaways…so far.

- Increased sharing across Maine CDC program areas
- Ideas for long term strategies, implementation, & standardization

Takeaways…so far.



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

If you have your own sign in, check and make sure you include…

MEETING SIGN-IN

Meeting Name	Health Inspection Annual Meeting
Date & Time	June 11, 2013 from 1-3 pm
Meeting Room	Key Bank, Conference Room 12

	Name	Agency/Program
1	Sal Monella	Food Borne International Inc.
2		
3		
4		
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9		
10		
11		
12		
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24		
25		

TIPS:

If you have a meeting with the same people each time, you can populate the sign-in with their information and add a column for them to initial by their name instead.

Don't want to deal with the paper? After your meeting, you can scan the sign-in sheet and save it to your computer files with the other documents from your meeting.

Remember: passing around a sign-in sheet is a simple way to capture attendance, hold your group accountable and recall discussion and decisions. It's also BEST PRACTICE!

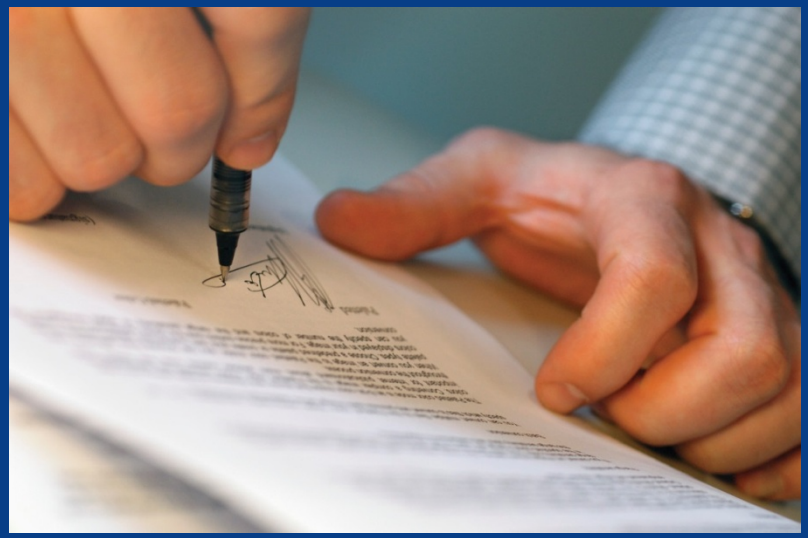
SAMPLE

- Identifying best practices
  - Documentation
  - Collaborative processes
  - Sharing examples/templates

Status Update:
Portland Public Health

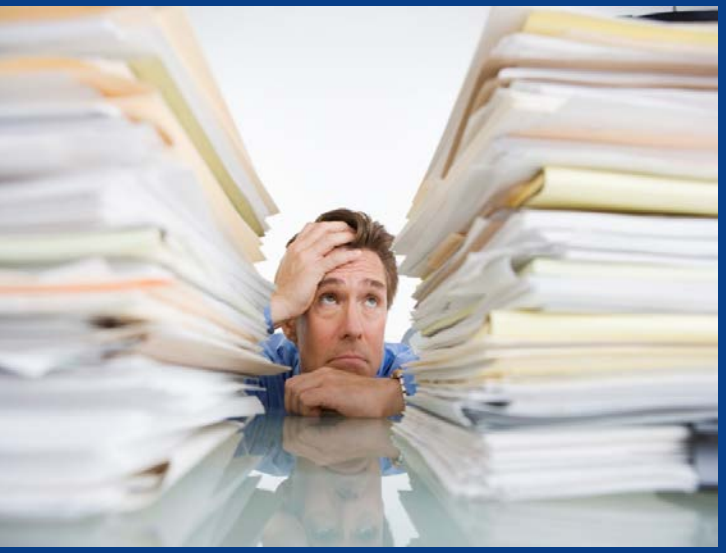
Status Update: Portland Public Health

- Accreditation Coordinator Training completed May 2013*
- Timeline: Submit by 06/18/2014
- Step 3: Select Documents



Status Update: Portland Public Health

- Step 3: Select documents
  - Assess/identify, acquire, re-assess
  - Internal versus External documentation



Current Activity

- Policy & Procedures Manual(11.1.1 R3)
- Quality Improvement (Domain 9)
- Performance Management (Domain 9)
- Hardware/Software inventory (11.1.6 R2 & R3)
- External documentation (multiple)

Lessons Learned

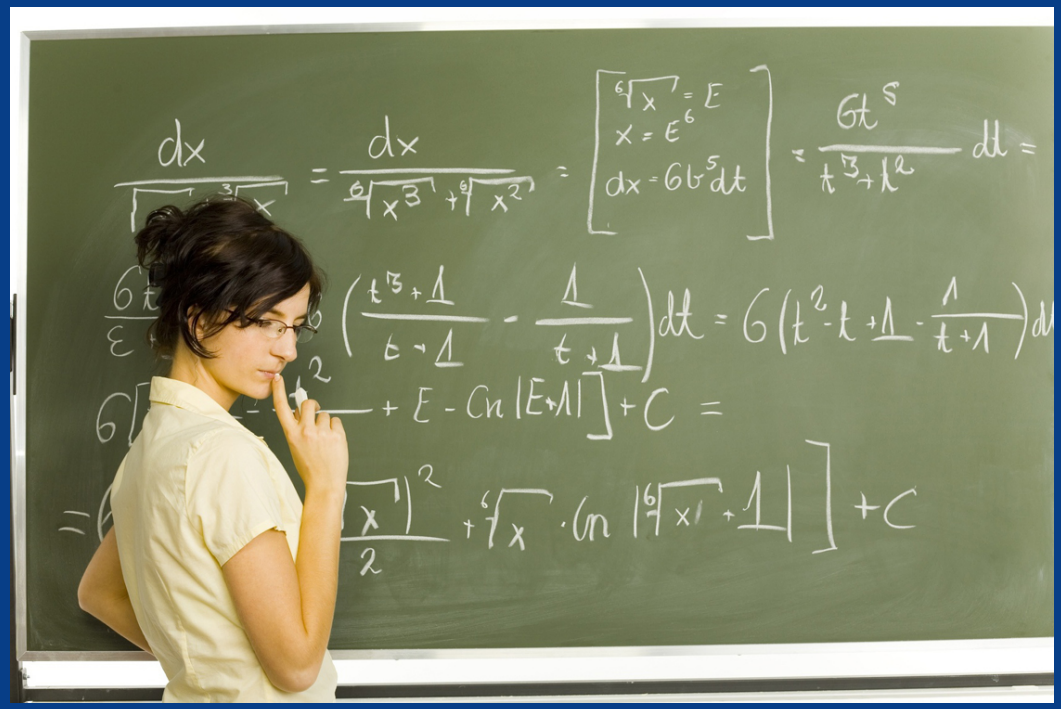
- That's not Public Health!

Lessons Learned

- Document everything!

Lessons Learned

- If you question it, then there is probably a better choice!



Lessons Learned

- Minimize the number of documents!

Questions?

Enrollment in the Health Insurance Marketplace starts October 1, 2013

The health insurance Marketplace is a new way for people to find insurance coverage. You may be eligible for help paying for your insurance premiums.

For more information anyone can go to:

Health Insurance Marketplace

Call Center 1-800-318-2596

http://www.healthcare.gov

In Maine additional free help is available:

enroll207.com

Statewide Coordinating Council Ballot
September 19, 2013
(Voting Members Only)

Chair

☐ Shawn Yardley, Director of Community Services, Penobscot Community Health Care

☐ Write in: _____

Vice Chair

☐ Geoff Miller, Associate Director, Behavioral Health

☐ Write in: _____

SCC Executive Committee Ballot:

Please vote for *any or all* Executive Committee candidates (checking the square next to the name indicates a vote). Note: This is not a competitive election – all members may serve if voted in by the majority.

☐ Lorrie Marquis Potvin, Western District Representative

☐ Write in: _____

Statewide Coordinating Council for Public Health
District Coordinating Council Update

Public Health
Prevent. Promote. Protect.

Template updated 03/2012

District: Aroostook District	**Date: September 10, 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**

- Kevin Lewis, CEO, Maine Community Health Options presented to the DCC.
  Topic: Discussion about how the Affordable Care Act – Health Insurance Co-op is being implemented in Maine

- Dates of note in Aroostook District:
  9/19/13 G.E.A.R. Parent Network Workshops for parents: Managing stress for Parents of a Child with Behavioral Health Needs - Houlton
  9/20/13 Regional Emergency Preparedness Hazard Vulnerability Analysis work session - Brewer
  9/27/13 Aroostook DCC Steering Committee Meeting – phone
  9/28/13 33rd Annual Cary Medical Center Health Fair "Oh the Healthy Places You'll Go!" - Caribou
  9/30/13 EMHS Youth Healthy Lifestyles Program Evaluation Presentation – Brewer
  10/02 – 11/20/13 Hope and Justice Project Hotline Volunteer Training Monday and Wednesday evenings – Presque Isle
  10/05/13 TAMC Health Fair "Take Flight with Good Health" – Northern Maine Regional Airport, Presque Isle
  10/12/13 Annual Siruno Stroke Conference – Cary Medical Center, Caribou
  10/16/13 Alzheimer's and Related Dementias training – sponsored by UNE , Maine AHEC, and EIFFE prevention program Crow's Nest, Presque Isle
  11/01/13 Aroostook DCC Meeting - Caribou

Ongoing or upcoming projects or priority issues:

- Continue District Public Health Improvement Plan activity step discernment process
- Plan for a board presentation on CMS ACA Patient Navigators

Progress with District Public Health Improvement Plan:

- Whether activities were able to be completed on schedule:
  - District Priorities established based upon Essential Public Health Services (EPHS #3, 4,7 and on a limited basis 8,9,10) EPHS Sub-standards prioritized and Governance focus established for each
  - Action Steps identified for #3,4,and 7 remaining action steps TBD at next DCC meeting

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22 M.R.S.§412 (2011).

A. A district coordinating council for public health shall:
(1) Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation; and
(4) Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence-based manner possible.

A-1. The tribal district coordinating council shall:
(1) Participate as appropriate in department district-level activities to help ensure the tribal public health system in the tribal district is ready and maintained for tribal public health accreditation; and
(2) Ensure that the national goals and strategies for health in tribal lands and the tribal district health goals and strategies are aligned and that tribal district health goals and strategies are appropriately tailored for each tribe and tribal health department or health clinic

- District Public Health Improvement Plan nearing completion; implementation has already begun

➢ Successes achieved
➢ Barriers encountered

Progress with Community Transformation Grant:

➢ Activities completed during the quarter :

Early Care and Education:

- The Aroostook ECE workshop was provided at SAD #1 for all licensed providers. * Thirty attendees earned 6 contact hours. Presenters included Dr. Kevin Strong (keynote on decreasing sugar intake to reverse obesity trends), Emily Cooke (Let's Go! on nutrition labeling), Sarah Sternlieb (SNAP Nutrition Educator), Martha Bell (on Recess Rocks), and Shannon (Lead Prevention). The feedback received was excellent.
- Site visits have continued with all CTG/Let's Go! ECE sites to ensure that each site has completed their post assessment from FY 2012/2013 and that their action plan is ready for implementation in the current 2013/2014 year. Not all sites are complete. Therefore, workshops were conducted on Aug 12th in Houlton and Aug 13th in PI to ensure that all sites are in the same place during the CTG Coordinator transition.
- A Winter Kids training is also being planned for October for all licensed ECE providers in Aroostook.

School:

- The Wittfitt outcome report was presented at SAD #1 with Tanberg sites in Houlton, Ashland, Frenchville, Portland, and Lisa Witt joined by phone. During discussion, it was requested that each teacher had the opportunity to request needs in order to continue the program next year. All requests have been submitted and Martha sent a proposal for $1,653 to United Way of Aroostook.
- Recess Rocks: To have a sustainable tool whereby teachers or ECE Providers can utilize a videographed instruction on Recess Rocks, two 20-minute recess sessions, one 40-minute celebration, and a toddler version, Martha partnered with Katie Buob from Livewell, CD&M Marketing, Grasshopper Academy, and Houlton Parks & Rec to podcast Recess Rocks Aroostook style☺
- Martha Bell, Aroostook District CTG Coordinator stepped down this quarter. We will miss her dynamic presence and can-do attitude, but wish her well in her new endeavors. The search for a

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new CTG Coordinator is underway.
Structural and Operational changes, including updates in membership. Joy Barresi Saucier, VP Knowledge Services, The Aroostook Medical Center replaced Dottie Wheeler; Michelle Radloff, Director of Clinical Services, Northern Maine Medical Center replaced Peter Sirois; and Tanya Sleeper, Aroostook Home Health Services, was approved by vote of the DCC as the home health sector representative Thank you to Dottie and Peter for all of your contributions and we look forward to continuing to work with you in the future.
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: Central	Date: September 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 July 23 DCC meeting, we approved the revised Community Transformation Grant (CTG) Oversight Committee structure and membership; elected officers to implement our new DCC Bylaws; and worked on the problem statements, goals, activities, and measures on each of the District Public Health Improvement Plan (DPHIP) update priorities we chose in January -- Mental Health & Substance Abuse, Physical Activity, and Oral Health.

Ongoing or upcoming projects or priority issues: CTG workplan, deliverables, and expanded Oversight Committee; sector membership to implement new DCC bylaws; DPHIP update finalization; October DCC meeting; considering adding Active Community Environments (ACE) as CTG objective for the next FY.

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

- 2013-15 update in process; final plan drafts to be adopted at October DCC meeting
- Use Central District Public Health Unit updates and DCC website to communicate important information to DCC, LHOs, & partners – ongoing task with updates going out weekly as needed
- Establish & implement DCC Vaccination Work Group & communication network – ongoing

Successes achieved

- Updated DPHIP priorities: Mental Health & Substance Abuse, Physical Activity, and Oral Health
- Second draft problem statements, strategies, partners, and measures

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
- Research and scoping on Active Community Environments objective for next year

Successes achieved

- 57 Early Care and Education (ECE) sites, four schools, and 24 stakeholder groups enrolled in CTG
- Distributed new physical activity resource books for Early Care and Education sites
- Shared resources and training opportunities, planned fall trainings for September and October, new Facebook page, success stories sent out regularly to district email list

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. DCC Officers, new CTG Oversight Committee, and DCC's SCC representative approved at July 23 DCC meeting

In-district or multi-district collaborations: MaineGeneral Diabetes Prevention CTG Grant, Shared Youth Vision Council, Jackman Health Center sustainability, oral health needs planning, regional Hazard Vulnerability Analysis (HVA), Senior Transportation Resources planning

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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22 M.R.S.§412 (2011).

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Cumberland	Date: 9/19/13

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, results under analysis. RWJF site visit scheduled 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.
- Kickoff for Cumberland County Medical Reserve Corp (and expanding collaboration with York County) held August 22 to begin recruiting MRC members.

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 each Council meeting beginning this month.
- 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 clinic during Vigilant Guard exercise in Nov.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Progress with Community Transformation Grant:

- Oversight Sub-Committee (OSC) met on August 26, 2013. The next OSC meeting is scheduled for February 24, 2013.
- The OSC changed its meeting schedule from four meetings to two meetings per year.
- All sub-contractors drafted Year 3 work plans and budgets and submitted for OSC review on July 26, 2013.
- OSC reviewed and approved Year 3 budgets and work plans at the August 26th meeting.
- CTG coordinator, DL, and others participated in 3 Technical Assistance calls (July, August, and September).
- The staff coordinator participated on June 26, 2013 grant management call and will be on the September 25, 2013 grant management call.
- CTG coordinator uploaded performance monitoring data to evaluation database, as needed.
- CTG Coordinator submitted Quarterly Narrative Report for Q3 to the CTG Wiki site.
- CTG coordinator submitted Quarterly Cost Study data to the CTG Wiki site.
- CTG coordinator submitted Communications tracking data for Q3 through the performance monitoring site.
- CTG coordinator and staff attended CTG Regional Meeting in Brewer on September 16, 2013.
- CTG coordinator participated in ACE team informational meeting on September 16, 2013.

Structural and Operational changes, including updates in membership.

- Megan Hannan and Bernice Mills resigned their membership on the Council. Ashley Soule, stepped down due to the elimination of her position; however, she has expressed desire to remain an active member of the Council.
- The Membership Committee was put on hiatus until the chair returns from maternity leave. In the meantime, the Executive Committee shall serve as an ad-hoc membership committee.
- The Executive Committee—serving as the ad-hoc membership committee— reviewed a draft slate of new members for nomination at the September 20, 2013 meeting:

  Eric Covey—Planned Parenthood of Northern New England
  Ashley Soule—At large member
  Lisa Wishart—Crossroads

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 are planning to attend a Hoarding 101 training offered by the York District and possibly expand this training to Cumberland District.

Other topics of interest for SCC members:

Flu recognition awards (for 90%+ employee/health care worker vaccination rates) awarded in July to two hospitals in the district – MidCoast Hospital and Bridgton Hospital.

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

Template updated 03/2012

District: Down East	**Date: 19 September 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

July 26 at DHHS Ellsworth with eight participants and **at DHHS Machias** with ten participants. Subject was DPHIP priority Food Policy and Access:

- Meeting format was changed to two hours instead of three hours
- Presentation on Hancock County Food System activities.
- Presentation on Washington County Food Systems activities.
- Presentation by Maine Seacoast Mission on how a non-profit has created various means (pantry, Sunday community meal, garden) of a community food system.
- Committee was formed.

September 27 meeting will focus on DPIHP priority Clinical Health Care Systems.

Ongoing or upcoming projects or priority issues:

- Regional Public Health Hazard Vulnerability Analysis in Bangor in September
- Participation at Tribal Health Fairs: Pleasant Point (August 9) and Indian Township (September 13)
- Well Water Awareness and Testing Promotion at various Health Fairs

Progress with District Public Health Improvement Plan:

- Voting for top three strategic issues done at March 22 DCC meeting (see below).
- Next three DCC meetings will focus on each of these priorities:
  - May 24: Environmental Health – held
  - July 26: Food Policy & Access
  - September 27: Clinical Health Care Systems
- Each of these meetings starts with a presentation on an initiative pertinent to the topic. For example, Environmental Health had presentations on Well Water and Climate Adaptation planned. Then there is clarification of Collective Impact==Lead Person or Organization and Backbone Support. SMART Objectives are reviewed and then the priority topic is better defined.
- Outcome is to have a committee form that will take the lead on this priority and develop doable strategies and activities.

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

Progress with Community Transformation Grant:

- 100% of year end assessments for thirty-eight ECE providers completed.
- Conference/Workshop being planned for ECE providers on September 21 in Ellsworth.
- WinterKids training for schools being planned for September and October.
- Mini-grants awarded to ECE providers working on nutrition education.
- Ongoing strategic collaborative meetings occurring bringing CTG1, CTG2 and CTG Tribal folks together to build relationships and understand work plans.
- Milbridge Elementary School is first school to be CTG enrolled.
- Early Care Education Support Groups (based on Bucksport Model) are meeting in various locations order to provide sustainable mentoring and provider support mechanism.
- ECE sites continue to be recruited: we now have 38 of 41 target ECE sites enrolled.
- GIS Mapping of schools and ECE sites to show annual change in CTG landscape.
- Working with RSU 25 Bucksport to develop a Hancock County training for school food service managers (model of training can then be extended to Washington County)
- Pilot Promotion of Million Hearts Initiative during Health Center Awareness Week

Structural and Operational changes, including updates in membership.

- Bylaws reviewed with comment period; to be voted on at September 27 meeting.
- Once Bylaws accepted, start discussion on reorganization of Planning Committee and CTG Oversight Committee.

In-district or multi-district collaborations:

- Behavioral Health Integration Project in Washington County
- Down East AIDS Network Needs Assessment
- UNE HRSA Washington County Chronic Disease Management Network Planning
- Shared Youth Vision Council District Initiative

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: MidCoast	Date: 9/19/13

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:

- New District Liaison (Carrie McFadden) began Sept 3rd!
- Has been very challenging to stay on schedule with major DCC projects in the absence of a District Liaison. Other district partners have tried to maintain momentum but major projects such as DPHIP planning process and bylaws are behind schedule due to District Liaison position being vacant since November 2012.
- DPHIP Prioritization process underway to select 2013-14 priorities. Hoping for final selection at October DCC meeting.
- Steering Committee and DL are Bylaws recommendations will be addressed once DPHIP planning process is well underway.

Progress with District Public Health Improvement Plan:

- In March, the Steering Committee began to develop the DPHIP planning process, which was introduced to the full council at the May DCC meeting. Steps include:
- Reviewing SHA data & progress on previous DHIP priorities, and taking additional nominations for new DPHIP priorities to consider
- Identification of criteria to use for the selection process, gathering additional information to inform the ranking of the potential priorities on the identified criteria
- Presenting list of recommended priorities for selection to DCC and discussion about how many to select
- Planning for DCC vote on priorities to be selected at October 2013 DCC meeting
- Priorities under consideration:
  - Falls among elders
  - Transportation
  - Oral Health
  - Behavioral Health (including substance abuse and mental health)
- Established a standing "Emerging Issues" committee 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).

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Progress with Community Transformation Grant:

- Strong collaborations in place with Let's Go and HMPs which has resulted in meaningful and well attended ECE trainings and development of ACE teams.
- Developed toolkits for breastfeeding and ACE team.
- Using resources within the Midcoast to fulfill objectives – Friends of Midcoast Maine with ACE teams and FARMS for nutrition within schools.

Structural and Operational changes, including updates in membership.

Now that a new District Liaison is on board, 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:

- All HMPs supported their communities in implementing Summer Food Program Services.
- Medication Return event scheduled for October 2013.

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: Sept. 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

An educational session presented by the Maine Community Health Options A New Health Insurance Option for Residents of the State of Maine beginning in mid-2013. The federal Affordable Care Act (ACA) includes an important provision that facilitates the development of **nonprofit, member-directed health insurance companies**, called Consumer Operated and Oriented Plans (CO-OP). The membership participated in an education session.

Ongoing or upcoming projects or priority issues:

- Discussion and Planning of ACES Forum
- 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-Community Health Option presentation, The Partner Tool was presented to the DCC membership to show linkages and communication successes and areas for improvement
- Poverty/ Adverse Childhood Experiences (ACES) –Development phase for a forum dedicated to this topic with health care and public health in the district. A Dec. 2013 date is set and panel members are being sought.
- Obesity/ Diabetes-Meeting with CTG Oversight Committee to review workplan in September.

Progress with Community Transformation Grant:

- Activities planned for completion during the quarter
  - First Penquis CTG Childcare Symposium is planned for Saturday October 19th from 9am-2pm at Jeff's Catering.
    - Dr. Kevin Strong who is the founder of "Dunk The Junk" is going to be the keynote speaker for the event. There are several other

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speakers/presenters for this event to include 5210 & SNAP-ED staff
- Mailers for enrollment in CTG Childcare initiative went out at the end of August for additional/new sites to enroll in CTG; current enrollment to date in Penquis is 43 ECE sites – goal by end of the grant is 64 sites
- Schools are back in session and wellness meetings are coming together; Northwoods Partnership (including several northern Penobscot County Schools) has asked to be a part of CTG; currently have 12 schools enrolled in CTG which is 2014 goal. Goal for the end of the grant is 24.
  - Jean Blades Action Learning training for school will take place on September 30th at the Bangor Parks and Recreation Building from 9-3pm
- CTG schools received a stipend for participation
- ACETs are moving forward; the Bangor area ACET brought together 12 regional towns to begin work on a regional trail system that will connect all the towns to each other and promote walking and biking instead of driving.
  - ACET workgroup on 9/16 in Brewer for statewide participation

➢ Whether activities were able to be completed on schedule
- Yes

➢ Successes achieved
- Went from 8 to 11 schools being enrolled to participate in
- Bangor Trails ACE Team brought together 12 regional towns to begin work on a regional trail system that will connect all the towns to each other and promote walking and biking instead of driving; called Heart of Penobscot Trails
- Worked with Head Starts in the Penquis Region to establish policies that prohibit using food as a reward as well as prohibiting withholding physical activity as a punishment and sets guidelines to ensure that the kids get 45 minutes of free play for ½ day programs and 90 minutes for full day programs.

➢ Barriers encountered
- N/A

Structural and Operational changes, including updates in membership.
None at this time

In-district or multi-district collaborations:
➢ Community Transformation Grant
➢ ACEs summit

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

Template updated 06/2012

District: Western	Date: September 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 focused on building membership of the DCC from committed members and is formally requesting all steering committee members participate in this activity.
- 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 – A brochure is being assembled by members of the DCC to include dates, times and places of all hospital-based flu clinics in the Western District and will be distributed throughout the district.

Development of an electronic directory – A work group is being assembled to include (HOH, MPRN, and OCWC) and funding is being secured to move forward with looking at creating a workable directory that can be piloted in Oxford County and then expanded throughout the Western District.

Behavioral Health - A work group is being assembled to focus on (1) conducting a survey to gather information about what collaborations currently exist with substance abuse and trauma with primary care providers (including veterans) (2) the DCC will provide forums around cultural sensitivity and (3) Marijuana education for young adults and adolescents.

Obesity – A work group is being assembled to focus on promoting existing opportunities throughout the district to reduce obesity, such as 5-2-1-0 and ACE teams.

Progress with Community Transformation Grant:

The CTG Coordinator's last day was 8/27. Interviews for new CTG Coordinator took place on 9-13-13.

- ***Early Childcare Education Updates:***
  Ahead of our goals on this action item.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

- ***School Updates:***
  Farmington/ RSU #9 – working on all schools becoming Redy 1/ Let's Go 5210
  Turner/RSU #52 – Turner Primary Physician, HA, Sandy Witas – plan for F2S
  Working on 5210, Recess Rocks
  Leeds/RSU #52 – working on 5210, Recess Rocks, WinterKids

- ***ACET Updates:***

  Lisbon, Poland, Phillips and Farmington all have ACE Teams that are in progress:

  Lisbon – (Population 9,009) Has formal monthly meetings with Town Manager and involvement with HA.
  Poland – (Population 5,418) Recreation Director is involved and it is just starting, needs active participation by new coordinator.
  Phillips – (Population 1,028) Has formal monthly meetings with Town Manager, needs active participation by new coordinator.
  Farmington – (Population 7,760) Has formal monthly meetings with Assistant Recreation Director, needs active participation by new coordinator.

Structural and Operational changes, including updates in membership.

- Separated Oversight Committee Meetings from Steering Committee meetings for clarity.

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: September 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 one Full Council meeting for York District Public Health Council (YDPHC) were held since the last SCC meeting. The EC meetings were held on 7/1/2013 and 8/8/2013. A Full Council meeting was held on 9/9/2013.

The EC meeting on 7/1/2013 meeting focused on the recruitment, current membership, and revitalization of the York District DCC. We decided to from a membership subcommittee to review current consolidated membership list, and do a gap analysis to see what sectors were missing per our bylaws.

The 8/8/2013 meeting focused on the September preparedness meeting. Ron Jones from the Medical Reserve Corp and Caity Hagar from the Cities Readiness Initiative both gave an over view of the presentations that they will provide at the September 9th meeting.

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.

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

Progress with District Public Health Improvement Plan:

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

Successes Achieved

- **Physical Activity Nutrition and Obesity Workgroup** have met twice during this quarter.

- **Membership Review Committee** met once to do a gap analysis on the current membership list. Gaps were noted and were brought back to the executive committee to look at recruitment strategies.

- **Public Health Preparedness work group** has met once this quarter with Leo Rogers the Director for York County Emergency Management Agency. We discussed the upcoming September meeting. Leo has given us his full support and will attend the meeting to introduce himself to the council and its membership. Also discussed was the possibility of working with YCEMA on some future projects which might include a public health preparedness plan for York County. This is a good initiative and project to help, recruit, retain and engage current members.

- **Behavioral Health** work group was met to discuss expanding the work group to members outside the DCC. Also worked to plan the December meeting focused on the Affordable care Act and its impact on behavioral health.

- The council will co-sponsor Hoarding 101 training on October 16th at the Wells Reserve. More information will follow in the next report.

- On September 26th from 3-4:30 the YDPHC will be co-hosting a forum on Eastern equine encephalitis, This is in response to 7 positive mosquito pools within York County, and the number of requests from the public on information

- Other success the York DCC helped promote the Maine CDC Lyme Disease Forum. The forum had good attendance and fostered a new partnership with the Town of Kennebunk.

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York District CTG progress

- Continued to work with Let's Go York County to enroll childcare sites with CTG; total of 33 childcares enrolled.
- Continued to provide technical assistance and resources to 10 CTG schools in York County; Kennebunk Elementary School CTG/Let's Go project highlight- http://www.letsgo.org/news/lets-gos-newest-featured-school-kennebunk-elementary-students-get-money-for-myplate/
- Met monthly with community partners (SNAP-Ed, Let's Go York County, Healthy Preschool Project, Carelink) on childcare initiatives- group has met three times to share respective project progress and identify ways to collaborate
- Meeting bimonthly with York County HMP staff to discuss respective project work and identify ways to collaborate/support efforts. Group met August 20th
- Partnering with Winterkids to offer GOAL trainings for childcares in Year 3 (October 2013)
- Contracting with trainer to offer Let's Go workshops and group action planning to York County childcares
- Partnering with a professor at UNE to host a SPARK training for York County schools K-5 in Year 3 (December 2013)
- Met with Cumberland District and Androscoggin partners to plan a breastfeeding training to use with childcare providers. Group met August 14th with Kara Kaikini and state breastfeeding rep to discuss ideas and develop draft training
- Continued work on developing capacity for the ACET objective; met with CTG Coordinators and Doug Beck to discuss ideas/strategies for implementing the work.

Administrative/Other

- Participated on July and August state CTG TA calls.
- CTG Oversight Committee met August 8th
- Participated in State Health Improvement Plan obesity workgroup
- Co-chair York District Public Health Council Obesity Workgroup; committee met August 12th
- Coordinated local Motivational Interviewing training via state CTG grant; 11 participants at August 13th training

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.

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22 M.R.S.§412 (2011).

A. A district coordinating council for public health shall:

(1) Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation; and

(4) Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence-based manner possible.

A-1. The tribal district coordinating council shall:

(1) Participate as appropriate in department district-level activities to help ensure the tribal public health system in the tribal district is ready and maintained for tribal public health accreditation; and

(2) Ensure that the national goals and strategies for health in tribal lands and the tribal district health goals and strategies are aligned and that tribal district health goals and strategies are appropriately tailored for each tribe and tribal health department or health clinic

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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