Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
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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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TTY Users: Dial 711 (Maine Relay)

STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH
JUNE 19, 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 March 20, 2014 Meeting** *(Dr. Pinette)*

11:30 **The Maine Resilience Building Network** *(Sue Mackey Andrews, Co-Facilitator, Maine Resilience Building Network)*

12:00 **District Highlights**

12:15 **SHIP/Accreditation Update** *(Barbara Poirier, Kate Marone)*

12:30 **Break**

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

1:05 **CTG/Schools** *(Fran Mullins)*

1:25 **SCC Operating Principles/Health Report Card/Seat Nominations**

1:55 **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 to be provided in each district and across the State in the most efficient, effective and evidence-based manner possible.*

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Statewide Coordinating Council for Public Health

Meeting Minutes for June 19, 2014 11:00 am to 2:00 pm
Augusta Armory, Room 209, 179 Western Avenue, Augusta, ME

In attendance:

Members
Jim Davis, Kristen Dow, Nancy Dube, Joanne Joy, Joel Kase (by Adobe Connect), Betsy Kelly, Jessica Loney, Geoff Miller, Sheila Pinette, Bill Primmerman, Connie Putnam, Kristi Ricker, Bethany Sanborn (for Julie Sullivan), Martha Webster (by Adobe Connect), Shawn Yardley, Doug Michael and Cheryl Zwingman-Bagley.

Others
Jamie Paul, Carrie McFadden, Kate Marone, Al May, Jamie Comstock, Fran Mullin, Nancy Beardsley, Paula Thomson, Adam Hartwig, Jessica Fogg, Kate Perkins and Debra Wigand.

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

Review of Minutes. Minutes from the March 20, 2014 meeting were accepted as written.

Evaluations. Evaluation results were reviewed. One comment suggested reaching out to distance participants to find out if they have any suggestions/changes to the way Adobe Connect is being used.

Executive Committee Nominations. Members were asked to submit names to the chair and co-chair of potential nominees to the Executive Committee. Jim Davis will be added to the ballot for the September meeting.

Co-chair's Seat. Shawn Yardley is no longer working at PCHC and, although he is still in transition at this time, would like to continue on as co-chair of the SCC. Depending on his new job's role, he is willing to continue in the seat until the September meeting. While Shawn excused himself from the room, discussion took place and it was agreed that Shawn represents at least two of the 10 EPHS and should continue in his seat.

ACEs Presentation. Sue Mackey Andrews presented on Adverse Childhood Events. Please refer to handouts for details of the presentation. (Copies of presentation available upon request.)

District Updates. Please refer to handouts.

SHIP Update. Barbara Poirier provided the SHIP update. The implementation process has begun. Workgroup invitations have been sent to stakeholders. There will be a team lead meeting on July 9th and dates will be set for full teams to meet. Implementation steps for all teams are expected by September. See handout for details on the accreditation update.

Accreditation Update. Kate Marone provided an accreditation update. Please refer to handout.

Emergency Room Care Management Collaborative. Mike Damron presented for Tracy Emerson. Please refer to handouts.

SCC Operating Principles. The draft changes to the SCC Operating Principles were reviewed and approved. It was suggested that under "Membership", the three Commissioner-appointed members should be identified as "voting" members. This change will be made. Several other recommendations for changes were made which will be integrated and distributed to the voting membership prior to the next SCC meeting.

Health Report Card. Carrie McFadden reviewed the 2014 Annual Health Report Card. Please refer to handout.

Seat Nominations. Discussion took place regarding co-chair/vice chair seats. Geoff Miller is the vice chair, and if Shawn were to leave his position as co-chair, there would be two State employees in leadership positions for the SCC (Geoff and Dr. Pinette.) In that case, a special election would be held to nominate a community member to balance out the seats with one person from the community.

Other suggestions were made regarding stakeholders (for law enforcement, economic conditions): sheriff (Randy Liberty), state police (Jonathan Shapiro), Department of Economic and Community Development, accounting (Brett Seekins), small business development centers, Maine Development Foundation.

Adjourn. Meeting adjourned at 2:15 PM

Next Meeting: September 18, 2014 from11:00 AM 3:00 PM, Room 209, Augusta Armory

SCC June 19, 2014 Evaluation Summary

- 12 Evaluations were completed and submitted.
- 5 participants report being very engaged, 7 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?
7 SCC Members	• Sue Mackey's presentation • Agenda/topics/content (4) • Smaller room was better for hearing and seeing speakers • CTG presentation was good, but we all have CTG programs and have similar results…redundant • Process for Bylaw review	• Operating Principles – were updated, but I think that last meeting there was interest in examining them for emerging roles that SCC might want to add. A sub-committee could be appointed if this is true • Two 10-minute breaks instead of 15 minutes • Room is hot and uncomfortable (2) • Sticking to timeline of agenda (2) • Keeping presentations on the agenda to the time allotted	• Very engaged (3) • Somewhat engaged (4) o Easy to ask questions	• Mental health promotions media campaign from SAMHS • Maine Parents.net • Presentation/discussion on economic development and impact on public health • Substance abuse prevention discussion
2 Key Stakeholders	• Speakers • IT hook-up • Double screen • Short presentations	• No soap in bathroom • Seating arrangement • Meetings should end on time	• Somewhat engaged (2) • Active listening	• Marijuana legalization in country (as reference today and its effects) • MaineCare expansion – benefits and costs of not expanding
3 Interested Parties	• Microphone was great, nice to hear everyone (3) • Great agenda (2)	• More important business to start off the agenda so we can stay on time. • Use half of the time for SHIP workgroups	• Very engaged (2) • More of a discussion format • Somewhat engaged (1)	•

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

Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention

Annual Health Report Card

Submitted to the
Joint Standing Committee on Health and Human Services

June 2014

Legislative Mandate

The Maine Center for Disease Control and Prevention (Maine CDC), in consultation with the Statewide Coordinating Council for Public Health (one part of the State Public Health Infrastructure), is mandated to produce an annual brief report card on health status statewide and for each district by June 1, based on MRS 22 Chapter 152 §413:

> *3. Report card on health. The Maine Center for Disease Control and Prevention, in consultation with the Statewide Coordinating Council for Public Health, shall develop, distribute and publicize an annual brief report card on health status statewide and for each district by June 1st of each year. The report card must include major diseases, evidence-based health risks and determinants that impact health.*
> *[2009, c. 355, §5 (NEW).]*

Acknowledgements

The 2014 Annual Health Report Card was created by summarizing the current work of the eight Public Health District Coordinating Councils and the Wabanaki Public Health District.

On behalf of Dr. Sheila Pinette, the Director of Maine CDC and State Health Officer, a team of public health district liaisons produced this report.

Key Concepts / Definitions

Ten Essential Public Health Services were established at the federal level and provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. For more information, go to http://www.cdc.gov/nphpsp/essentialServices.html

District coordinating council for public health means a representative districtwide body of local public health stakeholders working toward collaborative public health planning and coordination to ensure effectiveness and efficiencies in the public health system.
[22 Chapter 152 § 411 Term 3]

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I. Introduction

Maine's Public Health Districts

There are nine public health districts: eight geographical public health districts created from Maine's sixteen counties and one Tribal public health district. District level public health first became operational in 2008, with the eight geographically-defined districts, each having a District Liaison as well as a District Coordinating Council (DCC). DCC membership consists of local, regional and district-wide public health partners, stakeholders, consumers, and interested parties. District Liaisons are Maine CDC staff located within DHHS district offices to provide public health coordination, leadership, and communication functions between the Maine CDC and the local community. The District Liaison works with other Maine CDC field staff in each district including public health nurses, a regional epidemiologist, drinking water inspectors, and environmental health inspectors as well as the Tribal Liaisons, and in two districts, local public health departments (Cumberland and Penquis), to establish a coordinated governmental public health presence within each district.

Wabanaki District

The Wabanaki District, also known as Wabanaki Public Health, is comprised of five tribal jurisdictions representing the Micmac, Maliseet, Penobscot, and Passamaquoddy Tribes. Wabanaki Public Health functions in a manner consistent with other established intergovernmental agreements between the State of Maine and the Tribes. The Tribal District Liaisons are tribal employees; however, they take part in state and district-level activities when appropriate, including but not limited to sitting on the Statewide Coordinating Council and District Coordinating Councils that correspond geographically with the four federally recognized Tribes in Maine.

History of the District Public Health Improvement Plans

The 2008-2009 Maine State Health Plan directed the development of Health Improvement Plans specific to each of Maine's eight DHHS public health districts. District Public Health Improvement Plans (DPHIPs) were first developed by the District Coordinating Councils in 2010 and were updated in 2012 for the years 2013-2015.

Wabanaki Public Health has not yet completed its first independent District Public Health Improvement Plan. Following the completion of the Wabanaki Health Assessment in 2011, which was administered across the five Tribal communities in Maine, the aggregate data were compiled, along with individual data for each of the four tribes. The previous year, the results of the health assessment were analyzed by the University of New England and a community profile

was being prepared for the Passamaquoddy Tribe. Over this past year, the Tribal Liaisons have participated in a work group to finalize this profile and are currently working on a dissemination plan with the Passamaquoddy Tribe. During the past year, Wabanaki Public Health has also supported the creation of individual community profiles for the Micmac, Maliseet and Penobscot Tribes by the University of Nebraska Medical Center. The Tribal Councils from these three tribes will be completing final edits in June 2014. Wabanaki Public Health is currently working with each Tribal community to develop individual dissemination plans for the Community Profiles. This will include collaboration with Healthy Wabanaki, our local Healthy Maine Partnership, to hold forums with Tribal leadership and key stakeholders to determine priorities in each Tribal community, as well as to complete a Tribal Local Public Health Systems Assessment. All of these steps will lead into the development of our first Wabanaki District Public Health Improvement Plan.

District Public Health Improvement Plan (DPHIP) Priorities, Progress and Successes

The core of this year's report to the Joint Standing Committee on Health and Human Services is to summarize progress and successes on the District Public Health Improvement Plan priorities for Maine's eight geographic public health districts. The purpose of the DPHIP is to address specific and unique strengths and health needs of all the communities within each District, with a process to revisit and update priorities and strategies every two years. Each DPHIP serves as the public health planning document that explores opportunities for significant public health improvements. This 2013-2015 version is the second two-year phase for the DPHIP. These DPHIPs were developed based on the collective thinking and engagement of local partners committed to improving health across each public health district. The priorities of the previous phase have been revisited, reviewed and revised to reflect current priorities within respective geographic areas.

Wherever possible, DCC district level priorities and plans are coordinated with the State Health Improvement Plan, while building upon the strengths and partnerships reflective of each district's unique opportunities and challenges. It is important to note that the State does not provide additional funding for the implementation of the DPHIPs, beyond the efforts of the Maine CDC District Liaisons to recruit partnerships, write grants, identify existing resources that can support DPHIP strategies, and organize voluntary efforts in the district.

The District Public Health Improvement Plan Priorities, Progress and Successes provide an important snapshot of the progress and successes that each district has achieved over the past year on their identified priority areas.

In addition to DPHIP priorities, all districts work with the Maine Center for Disease Control and Prevention (Maine CDC) central office to implement other statewide initiatives that work to improve the health of Maine individuals as well as strengthen the functionality of individual District Coordinating Councils. A brief synopsis of these programs is provided in the following section.

A. Statewide District Initiatives

Community Transformation Grant

The State of Maine, Department of Health and Human Services (DHHS), Maine Center for Disease Control and Prevention (ME CDC), was awarded a Community Transformation Grant in September, 2011. This money funded public health prevention efforts statewide aimed at reducing the rates and health impact of obesity, tobacco use and heart disease. As a means to achieve these grant objectives, districts have been working on the following:

- **Healthy Eating -** Improve nutrition standards, policies, and guidelines in accordance with CDC guidelines and beyond for food and beverages, and limit unhealthy choices offered in schools, early care and education child care settings, and government agencies and other workplaces.
- **Active Living -** Increase physical activity policies and practice in accordance with standards and guidelines of CDC and other professional organizations in schools, early care and education child care settings, and workplaces, and increase adoption of comprehensive approaches to improve community design to enhance walking, bicycling, and active transportation.
- **Clinical and Community Preventative Services** to improve diagnosis, treatment and control of hypertension and high cholesterol.

Implementation of District Coordinating Council Bylaws

Districts have drafted bylaws that have been submitted to the Statewide Coordinating Council.

Lyme Disease Forums

Districts held Lyme disease forums from April – June of 2013 consisting of professional state staff, as well as district representatives to provide community awareness and education.

Vigilant Guard

From Tuesday, November 5 through Friday November 8, 2013 National Guard Soldiers and Airmen, local and state first responders, local, county and state emergency managers, voluntary agencies and multi-national participants and observers conducted a large-scale training exercise at venues all across the State of Maine. The exercise, called "Vigilant Guard," began with a simulated ice storm, followed by simulated blizzard conditions and frigid temperatures. Then other training scenarios unfolded all over the State, including simulated bus accidents, potential intruders, bomb threats and other possible terrorist threats, hazardous materials incidents, collapsed structures and cyber security breaches. Just as in real life, these simulated events created consequences that required emergency intervention. In addition, public health officials tested their plans to distribute and dispense emergency medications, and the American Red Cross exercised some of their critical emergency functions.

Aroostook District Public Health Improvement Plan

Fact Sheet, 2013 to 2014

The Aroostook Public Health District Coordinating Council (DCC) is made up of local and regional leaders working together to improve the health of people in Aroostook County. Building off of the 2011 District Public Health Improvement Plan, the District used district data from the State Health Assessment[1] and stakeholder input to select priorities. The Aroostook DCC developed a two-year plan as part of an ongoing effort to improve overall health status in our District.

District Priorities

Public health service focus areas:

- Inform, educate and empower people about health issues (Essential Public Health Service 3).
- Mobilize community partnerships and action to identify and solve health problems (Essential Public Health Service 4).
- Link people to needed public health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7).
- Assure competent public health and personal health care workforce (Essential Public Health Service 8).
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services (Essential Public Health Service 9).
- Research for new insights and innovative solutions to health problems (Essential Public Health Service 10).

Successes

- Mandated Reporter training conducted for Local Health Officers, home visitors and first responders in partnership with DHHS.
- District partners are in process of identifying/incorporating a unifying Public Health District tagline and logo.
- Conducting a pilot project designed to increase access to personal health services by providing travel assistance to medical appointments for those with identified barriers to care.
- District Public Health Improvement Plan progress reporting conducted as a standing agenda item at all quarterly DCC meetings.

Central District Public Health Improvement Plan

Fact Sheet, 2013 to 2014

The Central Public Health District Coordinating Council (DCC) is made up of local and regional leaders working together to improve the health of people in Kennebec and Somerset Counties. Building off of the 2011 District Public Health Improvement Plan, the District used district data from the State Health Assessment[1] and stakeholder input to select priorities. The Central DCC developed a two-year plan as part of an ongoing effort to improve overall health status in our District.

District Priorities

Public health service focus areas:

- Inform, educate, and empower people about health issues (Essential Public Health Service 3)
- Mobilize community partnerships to identify and solve health problems. (Essential Public Health Service 4)
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7)

Health status focus areas:

- Mental Health & Substance Abuse
- Physical Activity
- Oral Health

Successes

- Held two days of training on use of the Prevention Impacts Simulation Model (PRISM) with the Georgia Health Policy Center; formed ongoing district users group
- Partnered with the MaineGeneral Prevention Center to receive a planning grant from Maine Oral Health Partners to expand provision of oral health care in clinical settings for children up to age nine
- Created an inventory of district primary care practices with integrated mental health and substance abuse services to use to help coordinate and assist existing and emerging behavioral health integration initiatives in the district
- Set up an Active Community Environment Team in the Waterville area

Cumberland District Public Health Improvement Plan

Fact Sheet, 2013 to 2014

The Cumberland Public Health District Coordinating Council (DCC) is made up of local and regional leaders working together to improve the health of people in Cumberland County. Building off of the 2010-2012 District Public Health Improvement Plan, the District utilized district data from the State Health Assessment[1] and stakeholder input to select priorities. The Cumberland DCC developed a two-year plan as part of an ongoing effort to improve overall health status in our District.

District Priorities

Public health service focus areas:

- Inform, educate, and empower people about health issues (Essential Public Health Service 3)
- Mobilize community partnerships to identify and solve health problems. (Essential Public Health Service 4)
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7)

Health status focus areas:

- Obesity
- Flu and Pneumococcal Vaccination
- Tobacco
- Sexual Health/STDs
- Health Equity
- Public Health Preparedness
- Healthy Homes
- Mental Health & Substance Abuse

Successes

- Greater Portland Refugee and Immigrant Health Collaborative solidly established and successfully leveraged funding from private foundations and federal grants to address identified gaps and health care access barriers, including SmilePartners, an initiative that establishes preventive dental care and reduces reliance on emergency rooms for dental treatment.
- Cumberland County Medical Reserve Corps established and engaged in training and exercises
- Health on the Move strategy to bring preventive screenings and health promotion services out into underserved communities piloted, refined, and funded for the upcoming year.

Downeast District Public Health Improvement Plan

Fact Sheet, 2013 to 2014

The Downeast Public Health District Coordinating Council (DCC) is made up of local and regional leaders working together to improve the health of people in Hancock and Washington Counties. Building off of the 2010-2012 District Public Health Improvement Plan, the District utilized district data from the State Health Assessment[1] and stakeholder input to select priorities. The Downeast DCC developed a two-year plan as part of an ongoing effort to improve overall health status in our District.

District Priorities

Public health service focus areas:

- Inform, educate, and empower people about health issues. (Essential Public Health Service 3)
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable. (Essential Public Health Service 4)

Health status focus areas:

- Environmental Health
- Food Policy and Access
- Clinical Health Care System

Successes

- Downeast Transportation Summit held in November 2013.
- Ongoing work on LGBT issues spearheaded by DEAN and other partners.
- District partners will participate in the Community Health Needs Assessment Project in 2014 led by Eastern Maine Healthcare System as a way to align health data.
- Pilot of Health Center and Food Pantry Collaboration to provide health screenings and referral services organized and implemented: project to be evaluated and expanded to other areas of district.

Midcoast District Public Health Improvement Plan

Fact Sheet, 2013 to 2014

The Midcoast Public Health District Coordinating Council (DCC) is made up of local and regional leaders working together to improve the health of people in Knox, Lincoln, Sagadahoc and Waldo Counties. Building off of the 2010-2012 District Public Health Improvement Plan, the District utilized district data from the State Health Assessment[1] and stakeholder input to select priorities. The Midcoast DCC developed a two-year plan as part of an ongoing effort to improve overall health status in our District.

District Priorities

Public health service focus areas:

- Inform, educate, and empower people about health issues. (Essential Public Health Service 3)
- Mobilize community partnerships to identify and solve health problems. (Essential Public Health Service 4)

Health status focus areas:

- Behavioral Health (including substance abuse and mental health)
- Transportation

Successes

- Partnered with county SNAP Education programs to offer district wide healthy eating and physical activity training for early childhood development (June 2013)
- Hoarding 101 workshop conducted for Local Health Officers (April 2014).
- Created new district logo to promote Midcoast Public Health District (April 2014)
- Coordinated district wide education on strategies to address Pediatric Mental Health and Adverse Childhood Experiences, culminating in district wide summit to share best practices (anticipated June, 2014)

Penquis District Public Health Improvement Plan

Fact Sheet, 2013 to 2014

The Penquis Public Health District Coordinating Council (DCC) is made up of local and regional leaders working together to improve the health of people in Penobscot and Piscataquis Counties. Building off of the 2010-2012 District Public Health Improvement Plan, the District utilized district-level data from the State Health Assessment[1] and stakeholder input to select priorities. The Penquis DCC developed a two-year plan as part of an ongoing effort to improve overall health status in our District.

District Priorities

Public health service focus areas:

- Inform, educate, and empower people about health issues (Essential Public Health Service 3)

Health status focus areas:

- Poverty Adverse Childhood Experiences (ACEs)
- Obesity/ Diabetes

Successes

- In 2013-2014 a series of educational forums were held on Adverse Childhood Experience; through our partnership several partners are seeking funds to support ongoing work change protocol within community settings to address this issue.
- Several new policy changes and additional programming to decrease obesity in K-12 schools and childcare settings in Penobscot and Piscataquis Counties
- Addition of new Active Community Environment Teams that encourage environmental and policy change that will increase levels of physical activity by promoting walking, bicycling, and the development of accessible recreation facilities that encourage all citizens to be physically active in their daily lives.

[1]County and Public Health District Briefs, the presentations made to District Coordinating Councils in October, November and December of 2012 , a native American data brief, and a presentation made to Tribal health directors in July of 2013 are also available (see "District data in the Topics list)For more information, go to http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml

Wabanaki District Public Health Improvement Plan

Fact Sheet, 2013 to 2014

The Wabanaki Public Health District has not yet completed its first independent District Public Health Improvement Plan. The Wabanaki Health Assessment was completed in 2011 and was administered across the five Tribal communities in Maine: the Micmac, Maliseet, Penobscot, and Passamaquoddy Tribes. The aggregate data was compiled, along with individual data for each of the four tribes. These data are being gathered into a profile format appropriate for community members. The Passamaquoddy Tribe has a finished profile, and the Micmac, Maliseet and Penobscot Tribes will have a finalized profile in June 2014. Wabanaki Public Health is currently working with each Tribal community to develop individual dissemination plans for the Community Profiles. This will include collaboration with Healthy Wabanaki, our local Healthy Maine Partnership, to hold forums with Tribal leadership and key stakeholders to determine priorities in each Tribal community, as well as completing a Tribal Local Public Health Systems Assessment. All of these steps will lead into the development of our Wabanaki District Public Health Improvement Plan.

District Priorities

Public health service focus areas:

- TO BE DETERMINED

Health status focus areas:

- TO BE DETERMINED

Successes

- Community profiles completed and printed for the Passamaquoddy Tribe by University of New England, Nov 2013.
- Community profiles for the Micmac, Maliseet, and Penobscot Tribes have been compiled by the University of Nebraska Medical Center. The profiles are scheduled to be completed and printed in June 2014.
- Planning meeting held with both Passamaquoddy Health Directors regarding community forums to be held at Passamaquoddy Indian Township and Pleasant Point to begin development of individual Community Health Improvement Plans for each reservation, Feb/April 2014.

Western District Public Health Improvement Plan

Fact Sheet, 2013 to 2014

The Western District Coordinating Council for Public Health (DCC) is made up of local and regional leaders working together to improve the health of people in Androscoggin, Franklin and Oxford Counties. Building off of the 2010-2012 District Public Health Improvement Plan, the District utilized district-level data from the State Health Assessment[1] and stakeholder input to select priorities. The Western DCC developed a two-year plan as part of an ongoing effort to improve overall health status in our District.

District Priorities

Public health service focus areas:

- Inform, Educate and Empower People about Health Issues (Essential Public Health Service 3)
- Mobilize community partnerships to identify and solve health problems (Essential Health Service 4)
- Assure competent public and personal health care workforce (Essential Public Health Service 8)
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7)

Health status focus areas:

- Promoting Influenza & pneumococcal vaccine for people at risk
- Development of an electronic collaborative tool
- Behavioral Health
- Obesity

Successes

- Flu brochure was assembled and distributed district wide with dates and locations of flu clinics being offered by all hospitals in the district. 4 out of 5 hospitals in the district were awarded with recognition certifications for achieving 85% or greater employee flu vaccinations.
- Healthy Oxford Hills and Maine Rural Health Network have collaborated to secure funding for the development and pilot of an electronic collaborative tool. A coordinator was hired for the research, marketing and piloting of the collaborative tool. Pilot has been expanded from Oxford County to include both Androscoggin and Franklin Counties as active members of this pilot. Current marketing initiatives are underway to use the collaboration tool to promote internship opportunities with colleges and healthcare providers district wide.
- Trainings and forums to educate about the negative effects of marijuana use.
- Held district wide obesity workgroup strategic planning session.

York District Public Health Improvement Plan

Fact Sheet, 2013 to 2014

The York Public Health District Coordinating Council (DCC) is made up of local and regional leaders working together to improve the health of people in York County. Building off of the 2010-2012 District Public Health Improvement Plan, the District utilized district-level data from the State Health Assessment[1] and stakeholder input to select priorities. The York DCC developed a two-year plan as part of an ongoing effort to improve overall health status in our District.

Priorities and strategies contained in the plan are briefly summarized below.

District Priorities

Public health service focus areas:

- Monitor Health Status to Identify Community Health Problems (Essential Public Health Service 1)
- Inform, Educate and Empower People about Health Issues (Essential Public Health Service 3)
- Assure competent public and personal health care workforce (Essential Public Health Service 8)
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7)

Health status focus areas:

- Physical Activity Nutrition and Obesity
- Public Health Emergency Preparedness
- Behavioral Health

Successes

- Eastern equine encephalitis (EEE) Public Educational Forum (9/26/2013)
- Medical Reserve Corps Recruiting Event (9/8/2013)
- Hoarding 101 Training (10/16/2013)
- Climate Change and Environmental Health Information Session (6/14/2013)
- Affordable Care Act Information Session (12/2/2013)

[1] County and Public Health District Briefs, the presentations made to District Coordinating Councils in October, November and December of 2012 , a native American data brief, and a presentation made to Tribal health directors in July of 2013 are also available (see "District data in the Topics list)For more information, go to http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml

III. Next Steps

A. State Health Improvement Plan (SHIP) Priorities

Maine's State Health Improvement Plan represents a long-term, systematic effort to address public health challenges and needs as identified through the *State Health Assessment*, the *State Public Health System Assessment*, the *OneMaine Community Health Needs Assessment*, and additional input and information available during the development of the plan. SHIP development is being driven in part by the Maine CDC's effort toward achieving national state public health agency accreditation.

The SHIP will be a plan used by the entire public health system in Maine, not just Maine CDC or Maine DHHS. An important role for this plan is to engage all stakeholders including state and local governments, health care providers, employers, community groups, universities and schools, environmental groups, and many more to set priorities, coordinate and focus resources, and promote Maine's statewide health improvement agenda for the period covering July 2013-June 2017. This plan is critical for developing policies and defining actions to promote efforts that improve health for all Maine people. The SHIP enables Maine's system partners to join together to coordinate for more efficient, streamlined and integrated health improvement efforts. Maine's SHIP defines the vision for the health of the state through a collaborative process intended to harness the strengths of statewide partnerships and opportunities to improve the health status of Maine people, while addressing the weaknesses, challenges and obstacles that stand in the way of improved health.

The 2013-2017 State Health Improvement Plan has been finalized, and implementation is beginning. Implementation teams for each of the six priorities are being developed in the spring of 2014. Partners who were identified in the planning process will receive an invitation to join the implementation teams, but other interested parties are welcome to join at any time.

The six priorities in the 2013-2017 SHIP are:

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

The implementation teams will be asked to focus on one or more of the objectives and strategies in the plan, and may choose to work on all or part of those strategies. Team members will help develop a work plan, identify commitments that they or their organization can make towards

implementation, and then meet quarterly to provide progress updates and suggest new partnerships and or revisions to the work plan.

B. District Health Improvement Plan (DPHIP) Priorities

Over the next two years, districts will continue to develop and implement strategies to address their DPHIP priorities. We will interconnect those strategies with the State Health Improvement Plan strategies whenever appropriate.

Maine CDC and Maine's hospitals and health systems are currently engaged in detailed planning to merge and align the next round of assessment and planning processes across the hospital sector and the governmental public health sector. Both have obligations for planning and community input that must be met, but a great deal of work has gone into developing a joint process to collect and analyze health assessment data for both the state and district level, as well as to engage stakeholders in selection of priorities and strategies. That joint/aligned process (known as the "Shared Community Health Needs Assessment Planning Process") will begin with the next round of required assessments and plans due in 2015-16. The Statewide Coordinating Council for Public Health is one forum where progress on the development of this shared process will be reported and monitored.

IV. Contact Information

For more information on the District Public Health Improvement Plans or the State Health Improvement Plan, please contact:

Dr. Sheila Pinette, Director
Maine Center for Disease Control and Prevention
Department of Health and Human Services
Telephone: (207) 287-3266
TTY Users Call Maine Relay 711
Email: sheila.pinette@maine.gov

Appendix

Links to previous Legislative Reports:

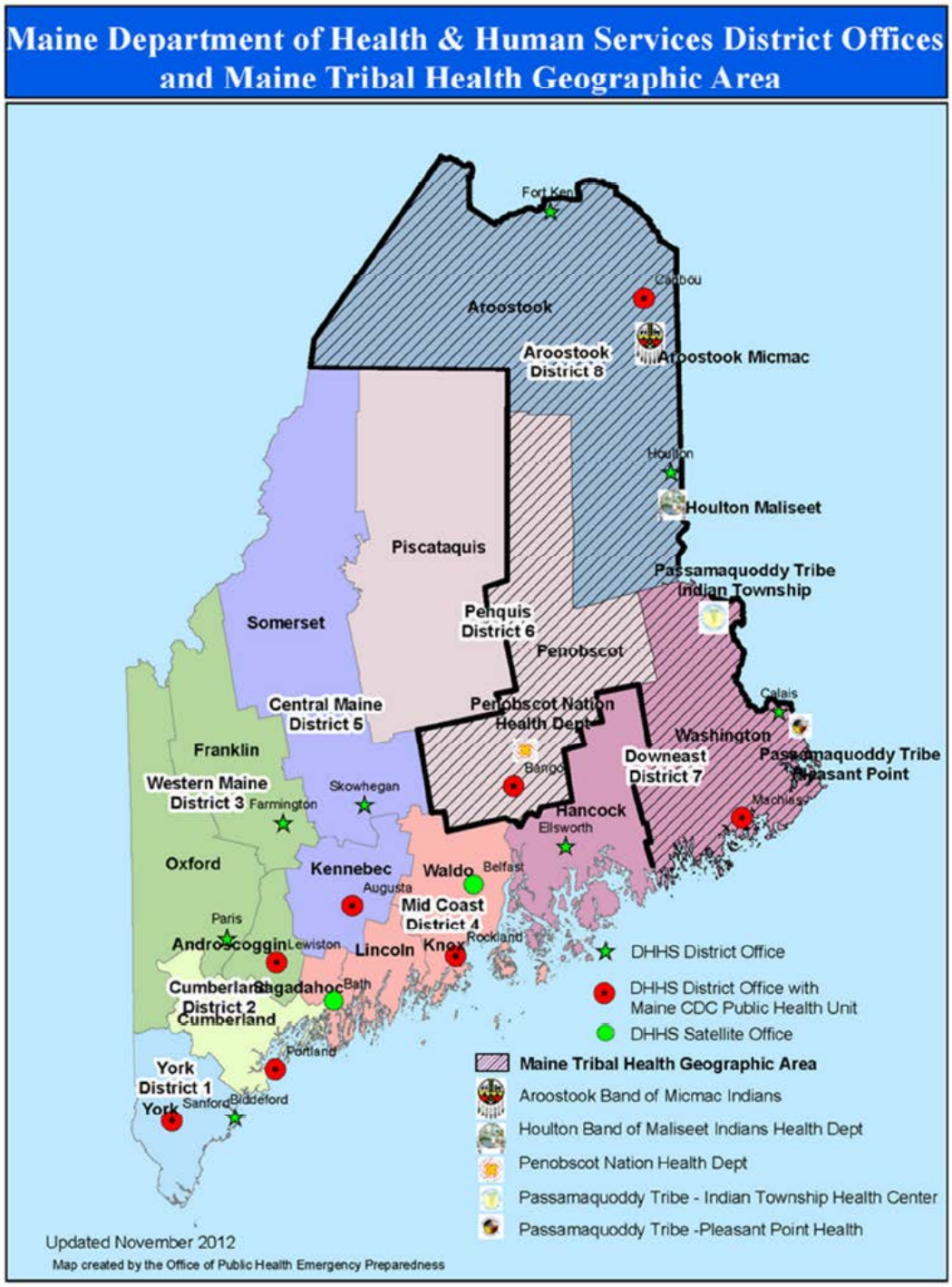
June 2012:
http://www.maine.gov/dhhs/mecdc/documents/DPHIP-ReportCard-June12.pdf

June 2013:
http://www.maine.gov/dhhs/reports/2013Annual-Health-Report-Card-6-13.pdf

Link to State Health Assessment Data, including specific District data profiles: http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml

Link to State Health Improvement Plan 2013 – 2017: http://www.maine.gov/dhhs/mecdc/ship/index.shtml

Maine's Public Health Districts



Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: June 16, 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:
  - June 26, 2014 9a-1p Folsom 105 University of Maine at Presque Isle Campus – ASET: Autism Safety, Education, and Training
  - August 6, 2014 9a-12noon Northern Maine Development Commission Office – Aroostook DCC meeting
  - August 19, 2014 9a-11a Aroostook DCC – Coordinated Approach to Care Management Subcommittee meeting
  - August 22, 2014 1p-2p Aroostook DCC – Health and Risk Communications Subcommittee meeting

Ongoing or upcoming projects or priority issues:

- DCC logo / tagline development
- Transportation pilot implementation
- Engaging SIM presentation / status update provided to the DCC membership by D. Wigand and Dr. Flanigan

Progress with District Public Health Improvement Plan:

- Whether activities were able to be completed on schedule
  - To date activities have been completed on schedule
- Barriers encountered

*An opportunity to apply for funding to increase access to personal health services arose several months ago and the DCC submitted a proposal that would create a fund for transportation assistance for populations that do not have insurance coverage or other means of paying for travel to preventive, diagnostic or treatment services. Previously unforeseen difficulties necessitated a last minute restructure of the application for funds. It is unknown at the present time whether funds will be dispersed as a result of this change in circumstance.

Progress with Community Transformation Grant:

- Activities planned for completion during the quarter

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22 M.R.S.§412 (2011).

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- Continue to identify opportunities to identify new partners to facilitate implementation of CTG work started in schools

➢ Whether activities were able to be completed on schedule
  - All annual and quarterly reporting was completed and submitted to the state on time
  - Activities planned for this last quarter were carried out and deliverables were met

Structural and Operational changes, including updates in membership.
Tom Moakler, CEO Houlton Regional Hospital will be replacing Mike Fogarty as the institution representative on the DCC.

In-district or multi-district collaborations:

- The Aroostook District Liaison and Regional Epidemiologist participated in a successful tabletop emergency preparedness exercise initiated by the US Border Patrol.

Other topics of interest for SCC members:

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

District: Central	Date: June 19, 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 At the April 22 DCC meeting, we heard updates from the DPHIP workgroups and meeting attendees, and had a panel presentation, discussion, and local health officer (LHO) training on Tick & Mosquito Borne Disease & Prevention with Donna Guppy, the Central District Field Epidemiologist; Henry Jennings, the Maine Bureau of Pesticides Control Director; and Dan Onion, MD, a district physician and Mt. Vernon/Vienna local health officer.

Ongoing or upcoming projects or priority issues: CTG deliverables and grant close out; new Oral Health Planning Grant from MeHAF, recruiting/maintaining sector membership and leadership.

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
- Oral Health Workgroup met; oral health screening/access project underway in Skowhegan

Successes achieved

- Awarded Maine Oral Health Funders grant to develop a district plan to prevent dental disease in children, focusing on expansion of oral health care in clinical settings for children up to age nine
- Mental Health & Substance Abuse Workgroup created an inventory of district primary care practices with integrated mental health and substance abuse services to use to help coordinate and assist existing and emerging behavioral health integration initiatives in the district
- Collaborating on new grant application for Physical Activity priority focused on diabetes prevention

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*

- Completed post-assessments of schools and early care and education sites
- Revised budget; completed quarter reporting and cost study requirements

Successes achieved

- 12 schools completed the CTG pre and post-assessment process. A total of 88 environmental changes in physical activity and nutrition were recorded. Although CTG encouraged one or two incremental action steps, schools made 2 - 15 transformational changes each, with an average of 7 changes per school.

Barriers encountered

- Premature end of grant in September 2014; staff time reduced

Structural and Operational changes, including updates in membership. Steering Committee Vice Chair resigned due to job change; CTG Coordinator began new job and is now 1 day/week.

In-district or multi-district collaborations: Oral Health Planning , MaineGeneral Diabetes Prevention CTG Grant and new funding application, PRISM Users Group, 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.

Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Cumberland	Date: 6/17/14

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at:
http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml

Ongoing or upcoming projects or priority issues:

- Robert Woods Johnson's Shared Services Learning Community- Gap analysis and feasibility study were completed and presented to collaborative. Portland explored contracting Food Service Inspections with Westbrook.
- Health Equity workgroup received a grant from the MCF People of Color fund to expand Health on the Move. Project presented at the Maine Minority Health Conference, major event planned for June 27th in partnership with Portland Adult Education's ESL program.
- Concern about the reduction of funding to the Southern Maine Regional Resource Center and the implications for hospital and health care preparedness in the district.

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 active on most 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 –written progress reports on DPHIP priorities are submitted 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
  - Obesity: Currently conducting a district-wide inventory of all K-12 schools to identify scoreboards with soda advertising, in order to work with the distributors to switch the advertising out for non-sweetened beverage advertising.
  - Public Health Preparedness: District plan for excessive heat emergencies is almost complete, have been recruiting local partners for the community communications network to reach people with communications barriers in an emergency.
  - Healthy Homes: attempted a webinar for Local Health Officers on how to address mold and radon in rental housing (very low participation)

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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, 2014.
- CTG coordinator, DL, and others participated in 3 Technical Assistance calls (April, May, and June).
- CTG coordinator uploaded performance monitoring data to evaluation database, as needed.
- CTG Coordinator submitted Quarterly Narrative Report for Q2 to the CTG Wiki site.
- CTG coordinator submitted Quarterly Cost Study data to the CTG Wiki site.
- CTG coordinator submitted Communications tracking data for Q2 through the performance monitoring site.
- Post assessment for ECE sites in progress.

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.
- Two new officers approved at Annual Meeting (Naomi Schucker, Treasurer and Bethany Sanborn, Secretary).

In-district or multi-district collaborations:

There are many active collaborative projects going on in the district. Many are related to the refugee and immigrant population. Also several MeHaf Healthy Community and Access 2 Quality Care grants. A relatively new focus on collaborations around children's oral health in the rural Lakes Region of the district.

Other topics of interest for SCC members:

Growing interest among partners in understanding more about the Shared Health Needs Assessment Planning process and how it will play out at local/district levels. We plan for this to be an agenda item on our 6/27 Council meeting agenda.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Down East	Date: 19 June 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

March 28 at Maine Seacoast Mission Cherryfield with twenty participants (fifteen in room and five joining via Adobe Connect/Conference Call).
The agenda action items:

- Prevention Impacts Simulation Model (PRISM) presentation and discussion.
- DPHIP Priority Work Groups meet for one hour during meeting.
- Utilized facilitated exercise breaks and fresh foods (smoothies).

May 30 at Maine Seacoast Mission Cherryfield with twenty-two participants (no conference call due to sound quality issues).

- Deeper Dive Series: Presentation on Recreational Marijuana by Dustin Foss of Washington County One Community. Discussion followed on district action steps.
- DPHIP Priority Work Groups meet for one hour during meeting.
- Public Health Council Value Report: Discussion and Approval
- Ongoing updates on SCC action, Wabanaki Health, CTG, and Emergency Preparedness.

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

Executive Committee Meetings

April 25 via Conference Call.

- Update on Valerie Landry Report on District Council Value: Executive Committee reviewed document, provided comments/edits, and it is ready to send to full district council for May meeting approval.
- DPHIP Work Groups: request that each group have a member volunteer as leader for four months.
- Membership: the recommendations from the District Council Value report can help this move forward.

Next meeting is scheduled for June 27 (9:30 – 11:00 am)

Ongoing or upcoming projects or priority issues:

- Well Water Awareness and Testing.
- Downeast Transportation Work Group monthly meetings.
- Food Access Issues and developing Food Council in both counties.
- Vulnerable Population Communication Plan.

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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;
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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Progress with District Public Health Improvement Plan:

- Environmental Health=planning around targeted well water outreach campaign.
- Food Access and Policy=collecting information on existing nutrition activities; invite 'food' experts to the meeting for input.
- Clinical Health Care System==district wide screenings; develop check list tool and kit for conducting screenings; coordinate consistent information collection form/device.

Progress with Community Transformation Grant:

- ECE Providers: have established schedule of learning activities for providers this summer; fall conference being planned.
- Schools: met our goal of twenty-one schools enrolled and provided with incentives.
- Clinical Care: planning diabetes lifestyle coaching trainings late summer and early fall 2014.
- ACET: participating in Healthy Maine Walk training; investigating positioning the Bold Coast Scenic Byway Advisory Group as an ACET.

Structural and Operational changes, including updates in membership.

- Membership needs to be addressed; recommendations from Value report will be helpful.
- 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
- 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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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: MidCoast	Date: 6/11/14

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:

- Midcoast Bylaws approved by full DCC.
- DPHIP BEH Health priority: ACES conference and call to action to be held on June 17 in Rockport; 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 approved by full DCC. Logo is attached at the end of this report.
- MCDCC approved sponsorship of Aging in Place workshops. First workshop held in May with over 40 community members attending.

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:
  - Plan an Adverse Childhood Experiences conference and call to action. Invitations have been sent for a mid-June event.
  - 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?
  - 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.
  - Continue to identify, attend and collaborate with other district groups addressing the issue of transportation.
  - Review draft of 2014 strategic plan for transportation at their next meeting.
- "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:

- Met with the CTG OC to review budget, how best to go forward given new grant end date

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- 2 Walkability Audits in March (Belfast and Waldoboro) - both towns are working towards developing ACE teams.
- Awarded over a dozen mini-grants to early childhood educators
- 4 schools now working with FARMS to develop school gardens
- Breastfeeding toolkit printed and distributed to 7 sites
- Continue to participate in State – CTG Coordinator phone conferences

Structural and Operational changes, including updates in membership.

- The full DCC approved the bylaws. At the year-end steering committee meeting a gap analysis will be conducted of the membership with the goal of rejuvenating membership.

In-district or multi-district collaborations:

- "Hoarding 101" workshop for Local Health Officers was held on April 13, 2014. LHOs from all four counties were in attendance.
- The Midcoast HMP directors continue to meet on a regular basis to share successes and barriers. HMP Specialist networking opportunity held on the interpretation and use of data in decision making.
- Tick-Borne Disease Forum held in Rockland in collaboration with MCDCC, Knox Community Health Coalition, Knox EMA and the City of Rockland. Invitations were issued district wide and over 50 community members attended evening panel discussion.
- Tick Talk was held in Belfast with over 60 community members attending. Additional sessions are being planned in Waldo County.
- Access Health is now the Lead HMP for the district SNAP Ed program, collaborating with the three other HMPs to continue SNAP Ed in their counties

Other topics of interest for SCC members:

New MCDCC Logo:

Midcoast
Public Health District
Sagadahoc • Lincoln • Knox • Waldo
Brunswick & Harpswell

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Penquis District	Date: June 14, 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 second Adverse Childhood Experiences (ACEs) Forum. Over 35 people attended the presentation that was facilitated by Michele McCormick, MD and Chris Trout of Strengths and Focus. The Forum covered a basic overview of ACEs and Resiliency.

The DCC held a follow-up to the Adverse Childhood Experiences (ACEs) Forum, *Bring It On!* The forum was for those who have attended an ACEs/Resiliency Summit to move to the next level of insight and skill development. Chris Trout was able teach, model, facilitate, coach and challenge DCC members and partners as they explored the brass tacks of fostering resiliency with even the most difficult children and adults. *Bring It On!* Focused on filling participants toolbox - and building a network of like-minded colleagues, so that toolbox continues to grow. More than 35 people attended the training session.

Ongoing or upcoming projects or priority issues:

- 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/education-no update
- Poverty/ Adverse Childhood Experiences (ACES) –Next steps and review of the two educational forums.
- Obesity/ Diabetes-The steering committee is planning to hold a meeting dedicated to success stories related to the CTG work. The DL and possibly other steering committee to join SHIP obesity committee.

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 on Gardening with Children
- Held Let's GO! Kick off events at Glenburn, Brewer and Sedomocha Schools
- Received notice of grant award for Lincoln ACE Team
- Attended local coalition meetings; attended school wellness meetings
- Started new ACET in Dover-Foxcroft
- Held a wellness fair at the Lincoln Elementary school
- Kicked off Walk & Bike to School program at Lincoln Elementary school
- Bicycle Coalition of Maine visited the Orono Community ACE Team to assist with making the bridge in town more walker/biker friendly and safe
- Participated in the PRYMCA Child Nutrition day in Dover-Foxcroft; CTG provided a jump roping station and a story walk for kids and families
- Bike rodeo @ Sedomocha Elementary school in Dover-Foxcroft
- Brought Dunk the Junk program to Glenburn School District
- Held a Bike/Ped Community Forum planned for in Bangor in collaboration w/ the Bicycle Coalition of Maine – had 30+ people in attendance

- Whether activities were able to be completed on schedule
  - Yes
- Successes achieved
  - Met 5 year ACET Goals
- Barriers encountered
  - Continue to plan for the loss of CTG funds and how work will be sustained

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

None at this time

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

Template updated 06/2012

District: Western	Date: June 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 to have a diverse county and sector representation on the council.
- Steering Committee actively seeking a chair and treasurer, all other positions are filled. Currently co-chair is serving in capacity of chair.

Progress with District Public Health Improvement Plan:

- DPHIP Priorities Update:

  Promoting influenza & pneumococcal vaccine for people at risk – Research is being done to determine if FIT (colon cancer test) would be able to occur during the same time as the flu vaccine clinics next year. Currently checking with providers in the area to see if there is any interest in adding this test to the flu clinics.

  Development of an electronic collaborative tool – Workgroup has recently had some staff transitions and has added a new focus area of leveraging universities and employers to set up a district wide database to match internship opportunities with district public health needs/opportunities. The goal is to be able to meet district need as well as provide financial sustainability to the collaborative tool.

  Behavioral Health – This work group has been assembling town hall forums in each of the counties to discuss the effects of marijuana use on adolescents. Furthermore, there was a DCC tobacco presentation by Amber Desrosiers from the Office of the Attorney General. This presentation was helpful in that it provided information across the districts about what things partners could reach out to Amber for to address tobacco use/violations within their communities.

  Obesity – This workgroup will meet again on June 18th to discuss learning collaborative around gardening and what is successful/challenging in each of the counties and how each gardening collaborative can support each other to expand the reach of local foods to more people.

Progress with Community Transformation Grant:

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22 M.R.S.§412 (2011).

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- CTG Coordinator has accepted and started working at a new position; she will stay on as the CTG coordinator working 1 day per week until the closing out of the grant in September. She feels confident that she should be able to complete most tasks in this time period but may reach out in the future to ask for assistance on the grant from the Oversight Committee.

- For sustainability purposes, working on connecting DCC partners interested in connecting with and attending the meetings of the Early Childhood Education Work Group (meets every other month) or the Lisbon/Poland/Phillips ACE Teams (meets once per month). CTG Coordinator is also in communication with these groups to see if anyone on those teams would like to come to DCC meetings. It is important for there to be a connection between these groups to the DCC so that they can be connected to what is happening throughout our district and also look for support as needed.

- CTG Coordinator has created a draft of a letter to send to CTG providers with a mini-grant opportunity to help them continue their efforts and to utilize some of the remaining funds from the grant. It was reviewed by the ECE Work Group this week and intends to send out to providers next week. Oversight Committee will review grant proposals on June 13, 2014.

- The Western Maine Active Communities Conference is occurred on Thursday May 22nd from 12-5 at the Bethel Inn and Conference Center. Registration was free, and had about 60 people attend.

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: June 19, 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) meetings and meetings and one full Council meeting were held by the York District Public Health Council (YDPHC) since the last SCC meeting. The EC meetings were held on 4/7/2014 and 5/5/2014. The YDPHC held meetings and trainings on climate change and vector borne disease 5/19/2014 and hoarding trainings on 5/14/2014 and 6/16/2014. The full council meeting was held on 6/2/2014.

5/2014/2014 & 6/16/2014 the council held Hoarding 101 training sessions. Eric Granger from Shalom House Inc. was on hand to present on the complex topic of hoarding. This was of special interest to the council as hoarding is becoming an increase problem for local health officers and healthcare workers. The training talked about the lack of abundance of services and treatment and what can be done. This also served as an opportunity to recruit new members to the hoarding task force.

5/19/2014 the council held an Effects of Climate Change on Public Health training session. Norm Anderson from Maine CDC presented climate and weather trends for York County. Susan Elias from Maine Medical Research Institute presented on rates of vector borne disease in York County and how climate trends will affect this in the future.

The Full Council meeting held on 6/2/2014 focused on the physical activity, nutrition, and obesity. The meeting was held on the Eastern Trail as members walked down the trail they received updates and information on 5210, SNAP, CTG, and the Eastern Trail. This was an excellent opportunity to get people moving while learning about all the initiatives in the district to stay healthy.

Ongoing or upcoming projects or priority issues:

- Continued Recruitment of faith-based, business and private sector membership
- Implementation of the Community Transformation Grant Initiative
- Continue planning Tabletop Exercise for the September full council meeting.
- Continued development of the Council's strategic work plan
- Revisiting & Strengthening the Council's Governance & Structure
- Continue meeting of the hoarding task force and reconvening of the hoarding support group.

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

Successes Achieved

- **Physical Activity Nutrition and Obesity Workgroup** have met twice during this quarter.
- **Membership Review Committee** has not met this quarter but, membership is discussed at the executive meetings.
- **Public Health Preparedness work group** held the climate change meeting, and is working to plan a tabletop exercise.
- **Hoarding Task Force** now meets the first Wednesday of every month at York County Community Action and continues to grow and attract new members. Two hoarding 101 trainings were conducted.

York District CTG progress

Continued to work with Let's Go York County to provide technical assistance to childcares; almost every childcare completed a post- assessment

Continued to provide technical assistance and resources to 13 CTG schools in York County; 11 schools completed a post assessment

York County Active Community Environment Network met on June 4 in Biddeford. Meeting included:

- Updates on Bicycle, Pedestrian, and Active Community happenings in York County
- Skill Builder focused on trails

Submitted proposal to the Aetna Foundation to fund ACE team initiative work.

Drafted Year 3 Success Story and submitted to state for approval

Completed Year 3, Quarter 2 reporting

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

April CTG newsletter sent out to community partners and stakeholders Attended the May 20th Bicycle Coalition of Maine Community Spokes Training CTG Oversight Committee met May 5th; presented on CTG progress at June 2nd DCC full council meeting.
Structural and Operational changes, including updates in membership. The DCC membership list is being evaluated and consolidated. This should help the DCC see where holes in representation are, so targeted recruitment can begin.
In-district or multi-district collaborations: YDPHC members who also serve as members of the Cumberland District Council provide linkages between district efforts to streamline our work and identify additional opportunities where both DCCs can collaborate. York is working with Aroostook and Penquis Districts on a multidistrict obesity effort.
Other topics of interest for SCC members: The DCC is looking towards grant opportunities to help replace the loss of CTG funds.

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