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
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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
SEPTEMBER 18, 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 June 19, 2014 Meeting** *(Dr. Pinette)*

11:30 **MaineParents.Net** *(Christine Theriault, Mickey Young)*

11:55 **Substance Abuse Prevention Strategies** *(Christine Theriault)*

12:20 **Voting – Executive Committee and SCC Operating Prinicples**

12:35 **Break**

12:55 **District Updates**

1:15 **NAMI** *(Jenna Mehnert, Executive Director)*

1:35 **PHHS Block Grant Update/Maine CDC Update** *(Lisa Sockabasin, Dr. Pinette)*

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 September 18, 2014 11:00 am to 2:00 pm
Augusta Armory, Room 209, 179 Western Avenue, Augusta, ME

In attendance:

Members
Andy Coburn, Jim Davis, Kristen Dow, Nancy Dube, Kate Dufour, Joanne Joy, Joel Kase (via Adobe Connect), Betsy Kelly, Robin Mayo, Doug Michael, Dr. Pinette, Bill Primmerman, Connie Putnam, Kristi Ricker, Toho Soma (for Julie Sullivan), Martha Webster, Shawn Yardley, Cheryl Zwingman-Bagley.

Others
Jamie Comstock, Al May, Chris Pezzullo, Jessica Fogg, James Markiewicz, Adam Hartwig, Paula Thomson, Becca Matusovich, Judy Gopaul, Angela Westhoff, Lori Wolanski, Debra Wigand, Kate Perkins (via Adobe Connect), Eric Sawyer (via Adobe Connect).

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 June 19, 2014 meeting were accepted as written.

Evaluations. Evaluation results were reviewed. See handout for comments.

Maine Integrated Youth Health Survey (MIYHS). Debra Wigand distributed an informational sheet on the MIYHS. The handout is available upon request.

MaineParents.Net. Mickey Young, from the Office of Substance Abuse and Mental Health Services (SAMHS), gave a tour of the MaineParents.Net website. The website contains information and tips on how parents can address substance abuse and prevention with their children.

Substance Abuse Prevention Strategies. Christine Theriault presented on SAMHS' substance abuse prevention strategies. Please refer to handouts for details of the presentation. (Copies of presentation available upon request.)

Voting – Executive Committee and SCC Operating Principles. Jim Davis was elected to the Executive Committee by the voting members present at the meeting. Vote count was: 16 yes, 1 no, and 1 abstention.

The SCC Operating priniciples were approved with the following changes:

- Correction of the typo "toserve" on page 1, 3rd bullet
- Leave in the paragraph under "Subcommittees":

  "The SCC shall maintain one standing subcommittee, the District Coordinating Council Representatives Committee. Membership to include the DCC Representatives from all 9 Public Health Districts."

District Updates. Please refer to handouts.

National Alliance on Mental Illness (NAMI). Jenna Mehnert, Excutive Director of NAMI Maine, presented on NAMI's programs and services. Please refer to handouts for details of the presentation. (Copies of presentation available upon request.)

PHHS Block Grant Update/Maine CDC Update. Dr. Pinette presented on the Preventive Health and Health Services (PHHS) Block Grant. Please refer to handouts for details of the presentation. (Copies of presentation available upon request.)

Dr. Pinette also gave an update on activities of the Maine CDC. Kate Marone and Valerie Ricker recently attended Accreditation Training. Maine CDC has one year from August 27th to upload all of the required documents for the Public Health Accreditation Board in preparation for a site visit in approximately 9 months.

The flu vaccine being distributed this year in Maine is a quadravalent version vs. the trivalent version used last year. This year's vaccine contains strains of H_1N_1, H_3N_2 and influenza A and B.

Adjourn. Meeting adjourned at 2:00 PM

Next Meeting: December 18, 2014 from11:00 AM 2:00 PM, Room 209, Augusta Armory

SCC September 18, 2014 Evaluation Summary

- 14 Evaluations were completed and submitted.
- 9 participants report being very engaged, 5 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?

12 SCC Members	• Agenda (4)
	• Extended break time (2)
	• NAMI presentation (4)
	• SAMS presentation (2)
	• Flu update by Dr. Pinette
	• Great meeting facilitator
	• Screens/Adobe Connect (2)
	• Like the 3-hour time frame
	• Great comments about elevating the ongoing work of the SCC
	• Good discussion around bylaws
	• Microphone helps a lot to hear everything
	• Members seemed engaged
	• Smooth flow (2)
		• Not having the DCC reading reports already submitted to the Council
		• Organized stretch break
		• Ending on time
		• Room was stuffy and hot (3)
		• Shorter break (2)
		• Integrate into structure and operating principles the suggestions made at the meeting: 1) data to support activity and 2) rural issues
		• Too much time spent on guiding principles discussion related to DCC rep meetings
		• Tighter process for motions – suggest making them both orally and in writing
		• At times, we seemed rushed – perhaps too ambitious of an agenda?
		• Would be nice at times to have people who have experienced program address us through panels. Nothing like hearing from those who are benefitting from our services
		• Need to take "a pause" when asking for more input – some folks need time to frame thoughts
			• Very engaged (9)
			  o Great information provided
			  o Elected to Executive Committee – privileged to service in any way. Really appreciated the presentations from outside speakers and Dr. Pinette
			  o Ability to speak, open discussion
			  o Lots of opportunity to speak up – using the microphone helps
			• Somewhat engaged (3)
			  o Allowing for engaged conversation
				• Hanley Health Disparities video and facilitator's guide (contact Kathy Vezina at Hanley)
				• Regular updates from SAMHS should be included at each meeting
				• Updates on vision of Maine CDC/DHHS for the health of Maine citizens
				• Functional teams/workgroups – consider establishing a structure that engages the SCC in support of primary functions (i.e. health planning, resources for each district, accreditation, etc.
				• Accreditation progress/next steps/timeline
				• PH programs – information dissemination back home
				• SLVC community connections
				• CTG wrap-up
				• Data language to be added into purpose/mission of the Operating Principles
				• Further consideration of the purpose of the SCC (expanded or defined, data-driven, rural issues, public health planning and other topics)

2 Interested Parties	• Room was good for discussion • Agenda was clear and engaging; nice flow • Informative presentations (2) • Didn't feel rushed	• Some type of breakout session on a topic would be great (2)	• Somewhat engaged (2)	• Aging – how to engage communities, municipal government on Maine's aging population and how to be ready • Tobacco • Obesity

Statewide Coordinating Council Ballot
September 18, 2014
(Voting Members Only)

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.

☐ Jim Davis, Aroostook District Representative

☐ Write in: _____

Statewide Coordinating Council Ballot
September 18, 2014
(Voting Members Only)

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.

☐ Jim Davis, Aroostook District Representative

☐ Write in: _____

Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: September 11, 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:
  - 9/03/2014 and 10/01/2014 Aroostook DCC – Steering Committee meeting
  - 11/05/14 9a-12noon Northern Maine Development Commission Office – Aroostook DCC meeting
  - 10/21/14 9a-11a Aroostook DCC – Coordinated Approach to Care Management Subcommittee meeting
  - 10/03/14 1p-2p Aroostook DCC – Health and Risk Communications Subcommittee meeting

Ongoing or upcoming projects or priority issues:

- DCC logo / tagline development
- Transportation pilot implementation
- Domestic violence prevention – offender treatment options presentation conducted for the DCC
- Logisticare (MaineCare Transportation broker) presentation to Coordinated Approach to Care Management Subcommittee.

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

Progress with Community Transformation Grant:

- Activities planned for completion during the quarter
  - Success Story Completed.
  - Quarter 4 and Grant End Reports Completed.
  - Conversations with CTG sites regarding sustainability after grant end.
- 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.

None to report this quarter

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22 M.R.S.§412 (2011).

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A-1. The tribal district coordinating council shall:

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

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In-district or multi-district collaborations: • Working with Aroostook Agency on Aging and Northern Maine Regional Office of AHEC to plan for and conduct a hoarding training as well as to investigate the development of a hoarding task force
Other topics of interest for SCC members:

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

District: Central	Date: September 18, 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 July 22 DCC meeting, we heard updates from the DPHIP workgroups and meeting attendees, and had a presentation on The Maine Tobacco HelpLine from David Spaulding from the Center for Tobacco Independence (CTI) and Maine's Tobacco-Related Statues from Amber Desrosiers from the Maine Attorney General's Office.

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 assessment started

Successes achieved

- Began work on 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
- Collaborated on new grant application for Physical Activity priority focused on diabetes prevention and chronic disease 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, Oversight Committee meetings

Successes achieved

- CTG mini-grant awardees have completed their projects to help their children or students eat healthy and move more, and have submitted their summary reports. Currently enrolled CTG ECE sites and school shave been encouraged to transition to Let's Go! 5210.

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; Senior Transportation & Health Issues; flu shot clinics; HMP Annual Meetings; Poverty Action Coalition

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: 9/18/14

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:

- Health Equity workgroup received a grant from the MCF People of Color fund to expand Health on the Move. First two in a series of five events took place June 27th in partnership with Portland Adult Education's ESL program, and August 9th in partnership with the Parkside Neighborhood Annual Block Party.
- 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.
- The Mayor's Substance Abuse Task Force is examining options for increasing access to substance abuse treatment and prevention and as a strategy to reduce law enforcement, EMS, corrections and social service costs driven by substance abuse. The Task Force has recently hosted presentations by Guy Cousins, SAMHS, and Kathryn Powers, Region I SAMHSA Director.

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. Two very successful events completed in June and August with participation of over 200 community members and partner organization staff & volunteers at each event.
  - Obesity: Has completed a district-wide inventory of all K-12 schools to identify scoreboards with soda advertising, and is currently working with the distributors and superintendents as necessary to replace the prohibited advertising with for non-sweetened beverage advertising.
  - PH Preparedness: Cumberland District Plan for Excessive Heat Emergencies is in the final stage of

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development.
- Flu Workgroup: focus is supporting School Located Vaccine Clinic efforts across the district. 11 of 14 school districts are providing SLVC. Medical Reserve Corps is increasing volunteer support to ensure successful clinics.

Progress with Community Transformation Grant:
- CTG coordinator uploaded performance monitoring data to evaluation database, as needed.
- CTG Coordinator submitted Quarterly Narrative Report for Q3 and Q4 to the CTG Wiki site.
- CTG coordinator submitted Quarterly Cost Study data to the CTG Wiki site.
- CTG coordinator submitted Communications tracking data for Q3 and Q4 through the performance monitoring site.
- Year 3 Success Story drafted, reviewed and now in revision.

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.

In-district or multi-district collaborations:
There are many active collaborative projects going on in the district. The Greater Portland Refugee & Immigrant Health Collaborative (a subgroup of the CDPHC Health Equity Workgroup) is making excellent progress using the Collective Impact framework. There are also several MeHaf Healthy Community and Access 2 Quality Care grants and a Maine Oral Health Funders grant for planning related to children's oral health in the rural Lakes Region of the district.

Other topics of interest for SCC members:

Council is considering holding a legislative forum in November. The Council will discuss the idea at the September 19, 2014 meeting, which will also include an agenda item related to preparations for the upcoming open enrollment period for the ACA marketplace.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Down East	Date: 18 September 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
July 25 at Mano en Mano in Milbridge with eighteen participants (no Adobe Connect or Conference Call was utilized).
The agenda action items:

- District Infectious Disease Report: Vicki Rea our field epidemiologist provided an excellent presentation on the key communicable disease issues in our district.
- DPHIP Priority Work Groups meet for one hour during meeting.
- Utilized facilitated exercise breaks and fresh foods (smoothies).

Next meeting is scheduled for September 26 (9:00 am to 12:00 pm) at Mano en Mano in Milbridge.
Meetings in 2014: January 24, March 28, May 23, July 25, September 26, & November 21.

Executive Committee Meetings
August 22 via Conference Call.

- DPHIP Work Groups: need to provide them tools to keep track of notes and strategies as well as writing down milestones and timeline for implementation.
- Next meeting we will have the County EMA Directors start the discussion around preparedness and do a short exercise, with a longer planned for a future meeting.
- SCC: follow up on DCC Rep Committee
- Membership: at next meeting, ask workgroups to nominate one or two members to join an ad hoc membership committee to review sectors and gaps in representation.
- Tobacco needs to be brought up again and talked about.
- **Next call is scheduled for October 24 (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, Anti-Hunger Campaign, and Supporting Pantries.
- Vulnerable Population Communication Plan.

Progress with District Public Health Improvement Plan:

- Environmental Health=focus on implementation of well water testing grant.
- 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

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[1]**Section 5. 22 MRSA c. 152**
A district coordinating council for public health shall:

1. Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation;
2. Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
3. Ensure that the goals and strategies of the state health plan are addressed in the district; and
4. Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence-based manner possible

conducting screenings; coordinate consistent information collection form/device.
Progress with Community Transformation Grant: • ECE Providers One Day Conference in September was a success. • Schools: ongoing technical assistance and check in during September. • Clinical Care: work is ongoing through the DPHIP work group. • ACET: Planning to work with schools on creating Healthy Maine Walks.
Structural and Operational changes, including updates in membership. • Membership needs to be addressed; membership committee to be formed. • Ongoing work from recommendations coming from Value Report (Valerie Landry).
In-district or multi-district collaborations: • Ongoing Behavioral Health Integration Project in Washington County. • Down East AIDS Network Needs Assessment and Strategic Planning. • Maine Health Foundation has active funding projects in Achieving Better Health in Communities, Thriving in Place, and Health Care for the Uninsured.
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: 9/15/14

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:

Behavioral Health: A successful Adverse Childhood Experiences Conference was held in June. We will continue our mental health awareness district outreach by disseminating the new SAMHS Mental Health brochure and screen "Call Me Crazy", a NAMI sponsored film, at our December meeting and discuss how it can be used as an awareness raising tool in communities.

Due to the recent change in regulations on medication collections, and announcement that the DEA will no longer be funding collection and disposing costs, the Steering Committee is proposing switching the district focus from coordinated marijuana prevention messaging to sustainability of medication collection planning.

- **Progress with District Public Health Improvement Plan:**

Our DPHIP was approved by the DCC last year, with two focus area chosen: Behavioral Health and Transportation

The Steering Committee met over the summer to review the DPHIP and progress made in FY 14. The committee noted that there is a great amount of work being done across the District on Transportation and several DCC members are involved with those initiatives. They connect and update the DCC on progress, needs and opportunities for further involvement. Given the strength of that connection, the Committee agreed that we would bring for consideration to the DCC membership at our September meeting, the idea of revising the second focus of the DPHIP from transportation to Immunization

Our DL will facilitate this discussion at our September meeting.

- Progress with Community Transformation Grant:

Midcoast District CTG has:
Enrolled 41 Early Childcare Centers
Enrolled 23 schools
Developed and conducted 1 school nutritional assessment with recommendation
Coordinated and hosted 4 ECE trainings in collaboration with 5210

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Coordinated and hosted 5 Winter Kids trainings (2 ECE, 3 schools)
Recognized 5 ACE Teams, with two more to be completed by 9/30
Distributed 4 ACE Team toolkits (3 more to go out by 9/30)
Supported 2 walkability audits and 1 network analysis
Supported 4 schools to work with FARMS
Allocated over $6,000 in mini grants to ECE, schools and ACE teams
Developed and hosted Midcoast CTG website
Hosted CTG summit to kick off CTG work
By 9/30 will develop transition/resource information for all enrolled schools and ECEs.

- **Structural and Operational changes, including updates in membership.**

Over the summer, the Steering Committee reviewed the DCC Overview document presented by DL Carrie McFadden. Members clarified language regarding responsibilities, membership and successes. Carrie will present the overview document and facilitate a discussion at the September DCC meeting. Recruitment of new members will be discussed at that time as well.

To promote equity, we are changing the location of our DCC meeting annually. After meeting for a year in Lincoln county, this year, we have moved to Knox County in the Rockland EMA building.

In-district or multi-district collaborations:

- Tobacco Mentoring Work Group formed. HMP staff and other DCC members working on tobacco initiatives will meet quarterly following the DCC meeting
- ACE conference held in June
- Lead Poisoning Prevention: continued collaboration on messaging
- SNAP HMP work
- Aging in Place Symposium
- SIRP – coordination of classes to offer more options for community members
- RBS trainings – coordination of classes to offer more options for community members
- Falls in Elders has been a priority issue the District has supported for many years, we continue this support by supporting an Aging in Place symposium coordinated by Spectrum Generations, a DCC member serving several communities across our district.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Penquis District	Date: September 18, 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 Community Transformation Grant (CTG) end of grant meeting. Presentations on best practices and success stories shared. Early Childcare best practices presented by Penquis. Active Community Environment Teams (ACET) from the town of Lincon presented on a successful trail project in the community.

Ongoing or upcoming projects or priority issues:

- DCC Steering Committee annual meeting in Oct.
- By-laws and membership review, 2016 pre-alignment of DPHIP, SHIP, CHIP and CHNA. Review 50 names of people who want information on the DCC collected by EMHS CHNA survey.

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- Discussion at the Steering Committee annual meeting about next steps in Oct.
- Poverty/ Adverse Childhood Experiences (ACEs) –Educational forum held in June, 'Bring it on!' ACEs/Resiliency Summit, potential future trainings
- Obesity/ Diabetes- DL and other steering committee participated in SHIP obesity committee. CTG DCC wrap up meeting held including success stories. Discussion at the Steering Committee annual meeting about next steps in Oct.

Progress with Community Transformation Grant:

- Activities planned for completion during the quarter
  - This quarter was used to wrap up the CTG program
  - Post assessments for schools and ECE sites were distributed and collected for final analysis
  - Final report out for CTG will take place at the September DCC meeting
  - Complaining list of existing assets purchased with fund to share with DL and

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Steering Committee ➢ Whether activities were able to be completed on schedule ➢ Yes ➢ Successes achieved ➢ n/a ➢ 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 ➢ Bangor Airport Infectious Disease Emergency Planning ➢ Poverty/ ACEs
Other topics of interest for SCC members: None at this time

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

District: Wabanaki District	Date: 09/18/14

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**

The latest Health Director/DCC meeting was held on July 25 and 26, 2014.
The first and latest DCC Executive Meeting was held on Aug 13, 2014.

Ongoing or upcoming projects or priority issues:

- District infrastructure changes have been ongoing since July 1st, see below.
- The Tribal Health Directors received a grant from the Sewell Foundation for FY 15 to assist in the development of the Community Health Improvement Plans for each of the communities.
- The Director and Liaisons are precepting six graduate students from a Husson University class on Rural Public Health.
- All district staff have attended the Annual Health Fairs in the following communities: Penobscot Nation, Passamaquoddy Tribe at Pleasant Point, and the Houlton Band of Maliseets. Upcoming Health Fairs include the Passamaquoddy Tribe at Indian Township on Sept 19th and the Aroostook Band of Micmacs on Oct 18th. The Liaisons have provided information regarding Emergency Preparedness for Tribes, how to prepare, as well as Heart Health information and Cholesterol Screenings and Rabies.
- Wabanaki Public Health will be an exhibitor at the Annual MPHA Meeting, Oct 2014.

Progress with District Public Health Improvement Plan:

- Community profiles for all four tribes completed, based on results of 2011 Tribal BRFSS.
- Dr. Patrik Johannson, from the University of Nebraska Medical Center, who completed the Tribal BRFSS and has compiled three of the four profiles attended the most recent Health Director's meeting in July. He brought with him the first printed drafts of the community profiles for the Penobscot Nation, Aroostook Band of Micmacs and the Houlton Band of Maliseets. He also discussed with the Tribal Health Directors next steps in how to utilize the data collected from the Health Assessment.
- Final drafts have been printed and received by each of these three communities.
- A meeting will be held by the Tribal Health Directors to welcome the newly elected Tribal leadership, display the recently completed profiles for their respective communities, introduce the Wabanaki District and discuss the work we are doing in the communities in order to gain support, Oct 2014.

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- Liaisons are working with graduate students from Husson University on the MAPP Process, in order to develop Community Health Improvement Plans for each of the five communities.
- Community Visioning forums are being scheduled in each community for Sept 2014.
- Continued involvement with Penquis, Aroostook, and Downeast DCC's and DPHIP's.

Progress with Community Transformation Grant:

- Completed District wide site visit July 30, 2014
- Finishing Success Story and fourth quarter/year end reporting, Sept 2014
- Documented all steps in the development of the Blood Pressure and Cholesterol Pilot Project in order to created sustainability.
- Sending out the remaining educational material to early care and educational sites.
- The CTG Coordinator has attended Annual Health Fairs at Penobscot Nation, Pleasant Point and Houlton Band of Maliseets, disseminating 5210 Let's Go information. Will be attending the Indian Township Health Fair Sept 19th and the Micmac Service Unit Health Fair Oct 12th.

Structural and Operational changes, including updates in membership.

- Development of Guiding Principles and infrastructure for the Wabanaki DCC, Aug 2013.
- Holding a meeting with Tribal Health Directors and Tribal Leadership in order to allow each community to appoint members from various sectors to the Wabanaki DCC, Oct 2014.

District infrastructure changes:

- Program Director of Wabanaki Public Health will now act only in that role and not as a Director/ Liaison.
- Another Tribal Liaison, Sandra Yarmal, was hired through a contract with Passamaquoddy Health Center and started work September 15, 2014. She is the former Health Director at Pleasant Point Health Center. She will be serving the three communities in Penobscot and Washington Counties.
- The other Tribal Liaison, Clarissa Sabattis will be serving the two communities in Aroostook County.

In-district or multi-district collaborations:

- District wide meetings are held during the first and third weeks of each month which include the Program Director, Tribal Liaisons, Healthy Wabanaki Director and staff, CTG Coordinator and the Maliseet Home Visiting staff.
- The CTG, Liaison and HMP will be participating in the final Downeast Strategic Collaborative Meeting on Sept 17, 2014.

Other topics of interest for SCC members:

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 06/2012

District: Western	Date: September 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 – Using the template that was created new flu dates and locations for hospitals throughout the Western District have been assembled in brochure format and will be disseminated to partners.

Development of an electronic collaborative tool – This district initiative is currently utilizing Insight Formation district wide in order to use established source data, like MIYHS, and also locally developed metrics built on data like the One Maine health needs assessment conducted by Maine Health affiliates. Insight Formation is a company that has created an on-line tool that can aggregate multiple partners' data (like our three counties and 4 HMPs), but they don't "re-analyze. HOH is in the process of starting to map the OCWC priorities as part of the strategy mapping that will be utilized along with this tool. HOH will also be presenting an overview of this tool at the DCC on September 19, 2014 to all district wide partners.

Behavioral Health – This work group is being led by staff from HA and has been collaborating with district and state partners to educate members about the effects of marijuana on adolescents and on the potential upcoming referendum questions that may arise in our district. Staff has been working district and state wide to educate partners and community members.

Obesity – This workgroup met on June 18th to discuss learning collaborative around gardening and what is successful/challenging in each of the counties. It also focused on how individual collaboratives can support each other to expand the reach of local foods to more people. On August

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14th the CTG ECE workgroup suggested combining this workgroup with the Let's Go workgroup to sustain CTG efforts and move forward with ongoing initiatives.

Progress with Community Transformation Grant:

- CTG Coordinator has continued to work 1 day a week to complete all activities related to the wrap-up of the grant. She has been able to manage the workload with support from members of the Oversight Committee.
- CTG Coordinator has distributed mini-grants to 22 ECE providers who were approved by the Oversight Committee on 7/25. She has received some receipts and photos from providers displaying how they used the funding at their sites to promote active living and healthy eating. The ECE Work Group has met independently several times with attendance by the District Liason to facilitate sustainability and connection to the Western Maine DCC.
- A mini-grant process for the district's ACE teams was developed with 3 out of 4 teams submitting proposals; they unfortunately were not approved at the state level but alternative options for use of some funds to promote ACE team initiatives and sustainability have been developed. Members of two district ACE teams plan to attend the Maine Active Communities Conference on September 25th.

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: September 18, 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 7/7/2014 and 8/4/2014.

The Full Council meeting held on 8/8/2014 focused on the public health emergency preparedness. The PHEP workgroup in partnership with the Southern Maine Regional Resource Center developed a table top exercise based around an infectious disease within the York Public Health District. This was a very well attended meeting with 40 participants many of them new to public health preparedness. This proved to be an excellent opportunity for people to network and open lines of communication that should provide for a better prepared York District. An After Action Report is in the process of being drafted with steps and action items which resulted from the exercise.

Ongoing or upcoming projects or priority issues:

- Continued Recruitment of faith-based, business and private sector membership
- Developing actionable items from the emergency preparedness table top exercise
- 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.

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

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

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** met three times and planned and held a table top exercise for York County.
- **Hoarding Task Force** continues to meet monthly and now has a support group for those affected by hoarding and volunteers to work with hoarders in their recovery process.
- Some members of the DCC helped to put on a 5K race walk. This race the "Grandparents Day 5k" raised money for Partners for Hunger-Free York County's farm fresh foods project for seniors. This resulted in over $1700.00 being raised to help feed hunger seniors in York County.

York District CTG update

Participated in July 25th Let's Go train the trainer on providing a 6 hour workshop on Let's Go's 5 priority strategies. Presented as part of workshop at August 9th training in Sanford

Supporting Let's Go York County in the enrollment of Let's Go sites, ensuring that CTG sites are enrolled with Let's Go program and are receiving technical assistance and resources

Participated in July 24th Let's Go York County Core Team meeting

Childcare and school sites have completed their post- assessments, will hear in late August/early September what changes childcares and school made around physical activity and nutrition

Coordinated and held first meeting of the York District Million Hearts Campaign task force on August 18th at York Hospital. Group is meeting again in early October to plan next steps for promotion and outreach to providers.

Completed CTG Year 3 Quarter 3 and 4 reporting (communications report, narratives and cost studies). Currently working on completing final grant report due September 29th

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Submitted proposal to the Aetna Foundation to fund ACE team initiative work; will hear back on status by October 1st. June CTG newsletter sent out to community partners and stakeholders Working with the Bicycle Coalition of Maine to plan a Saco ACE community forum for September 17th Participated in 8/5 CTG state TA call. Provided CTG update at 8/6 district obesity workgroup meeting, 7/16 CHCC board meeting and 7/14 York County HMP planning retreat
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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