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
DECEMBER 18, 2014

AGENDA

11:00-2:30 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 September 18, 2014 Meeting** *(Dr. Pinette)*

11:25 **Accreditation Update** *(Kate Marone)*

11:45 **Let's Go!** *(Victoria Rogers, Director, Let's Go!)*

12:00 **MCD/USM Public Health Institute** *(Brenda Joly, Kate Perkins)*

12:15 **District Highlights**

12:25 **Draft – Annual Report to the Legislature** *(Shawn Yardley)*

12:35 **Break**

1:00 **CTG – Statewide Successes** *(Shawn Yardley, Debra Wigand, Dawn Littlefield)*

1:25 **Emerging Issues Regarding Marijuana Legalization** *(Scott Gagnon)*

2:25 **Next Steps**

2:30 **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 December 18, 2014 11:00 am to 2:30 pm
Augusta Armory, Room 209, 179 Western Avenue, Augusta, ME

In attendance:

Members
Andy Coburn, Peter Crichton, Jim Davis, Kristen Dow, Nancy Dube, Joanne Joy, Betsy Kelly, Jessica Maurer (via Adobe), Robin May (via Adobe), Geoff Miller, Sheila Pinette, Bill Primmerman, Judy Johnson (for Julie Sullivan), Martha Webster (via Adobe), Shawn Yardley, Cheryl Zwingman-Bagley.

Others
Adam Hartwig, Scott Gagnon, James Markiewicz, Patty Duguay, Paula Thomson, Lori Wolanski, Debra Wigand, Nancy Beardsley, Al May, Jamie Comstock, Nancy Birkhimer, Alison Morrill, Carrie McFadden, Jamie Paul, Jessica Fogg, Stacy Boucher, Becca Matusovich, Nicole Ditata.

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 September 18, 2014 meeting were accepted as written.

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

Accreditation Update. Kate Marone provided a progress update on accreditation for the Maine CDC. A goal date of May 1, 2015 has been set for document submission to PHAB. To meet this goal, about 4.7 measures will need to be submitted per week; 15% of measures have been approved and uploaded to date.

Let's Go! Dr. Victoria Rogers presented on "Let's Go!", a model developed around healthy eating and active living. The program was started 8 years ago from the Maine Youth Overweight Collaborative, using a collective impact framework and the 5-2-1-0 pneumonic. Strategies are based on science and recommended by the medical community. Please refer to handouts for details of the presentation. (Copies of presentation available upon request.)

MCD/USM Public Health Institute. Kate Perkins, from MCD Public Health and Brenda Joly, from Muskie presented on "Public Health Institutes – A Maine Perspective." Please refer to handouts for details of the presentation. (Copies of presentation available upon request.)

District Updates. Please refer to handouts.

Draft – Annual Report to the Legislature. The draft 2014 Annual Report to the Legislature was presented. Proposed changes to the report were requested; the final report will go to the Joint Committee on Health and Human Services by the 1st of January.

CTG – Statewide Successes. Dawn Littlefield-Gordon, CTG Project Manager for the Maine CDC, presented on the background, structure, accomplishments and outcomes of the CTG. Please refer to handouts for details of the presentation. (Copies of presentation available upon request.)

Emerging Issues Regarding Marijuana Legalization. Scott Gagnon, volunteer State Director of SAM (Smart Approaches to Marijuana), presented on issues surrounding legalization of recreational marijuana in the state of Maine. Please refer to handouts for details of the presentation. (Copies of presentation available upon request.)

Adjourn. Meeting adjourned at 2:30 PM

Next Meeting: March 19, 2014 from11:00 AM 2:00 PM, Room 209, Augusta Armory

SCC December 18, 2014 Evaluation Summary

- 7 Evaluations were completed and submitted.
- 2 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?
5 SCC Members	• Time on task • Good content experts • Short presentations – nice • Extended break • Keeping to the agenda • Marijuana presentation	• The group's public response of appreciation to presenters – they travel a long way to present for a short time and we can't even clap for them when they are done • Speakers staying on time • Restarting the meeting after the break is awkward • Too many presentations without a planned engagement of participants • Ambient sound from heating system was distracting (2) • Microphone didn't work very well	• Very engaged (2) o Ask questions when questions arise • Somewhat engaged (3) o More presentations than usual without much interaction (also understand that "end of year" reports might be necessary	• Disease outbreaks in adult populations o Mumps o Measles o Chicken Pox • How to access more opportunities like CTG to give DCCs resources to work with • The use of electronic devices/social media with the public to promote public health • Our state's response to a cyber attack and its impact on public health • More about Northern Maine Rural Collaborative for Healthy Communities
2 Interested Parties	• Varied content	• Too many presentations – good content and interesting, but hard to sit and listen to so many in a row • Hard to hear due to heating system • New format to spur more conversation on issues facing the SCC, DCCs, Maine CDC and/or public health in general	• Somewhat engaged (2)	• Vision for public health over the next few years, and how can the SCC members ensure its success

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Statewide Coordinating Council for Public Health

Annual Report

2014

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

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

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

Infrastructure and Efficiency

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

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

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

Accreditation

In conjunction with improving efficiency and infrastructure, Maine CDC has submitted its Application to achieve national accreditation by the Public Health Accreditation Board

(PHAB). The goal of public health accreditation is to protect and improve the health of Maine people by advancing the quality and performance of the Maine CDC's programs and services. In the near future, federal funding for public health will most likely be limited to accredited agencies, and this effort will position Maine for that eventuality. In preparation for this, Maine CDC has worked to educate and organize staff to develop and enhance several new procedures and plans, including:

- A State Health Assessment;
- A State Health Improvement Plan; and
- An agency-wide Strategic Plan.

The accreditation Statement of Intent was submitted to PHAB in December 2013. The Application was submitted in May 2014. In August 2014, the Maine CDC was granted access to begin submitting the documents needed to show how the organization meets the standards. A site visit is expected in fall 2015.

Accomplishments of the Planning and Advisory Structures

- Maine CDC and its SCC stakeholders finalized local Community Health Improvement Plans (CHIPs) in each HMP local service area, District Public Health Improvement Plans (DPHIPs), the 2014-2017 State Health Improvement Plan, and Healthy Maine 2020 10-year goals for the state.

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

- The Shared Health Needs Assessment Planning Process finalized a timeline and process for migrating to a fully aligned 2016 Maine Community Health Needs Assessment (CHNA). Some community hospitals in five public health districts urgently required an interim Community Health Needs Assessment in 2014 in order to meet their IRS 990 reporting requirements. In Spring 2014, the District Coordinating Councils and District Liaisons assisted Eastern Maine Health System with its interim Community Health Needs Assessment. This support ensured that all hospitals remain current with their CHNA requirements while migrating to full alignment in 2016. Through the Maine CDC's joint statewide health assessment and planning process, all hospitals will be fully implemented by 2016. This is an important step toward maximizing the efficient use of resources and encouraging collaboration between health care and public health partners on community health planning.

- The District Liaison team developed the draft annual district report card in June 2014 to submit to the Legislature's Joint Standing Committee on Health and Human

Services. This document also serves as an annual update to the SCC to supplement the quarterly updates provided to the SCC by each District Coordinating Council, and the State Health Assessment's district health profiles developed last year. These documents highlight success stories in the districts and over time monitors trends, socioeconomic status, population health indicators, and costs associated with preventable hospitalizations.

- Work groups in all eight geographical public health districts continue to implement activities to address priorities in the current District Public Health Improvement Plans (DPHIPs), which are coordinated with local HMP Community Health Improvement Plans (CHIPs). These activities are coordinated with local CHIPs and the SHIP. Organizational meetings for the SHIP Implementation teams which began in May 2014.

- Membership in the District Coordinating Councils continues to increase engagement of broad multi-sector partners. District Coordinating Council bylaws were reviewed and formally signed by all partners in 2014. Each council is working on strengthening membership.

SCC Workgroups

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

- Health Disparities/Health Equity focuses on ways to address issues related to populations with health disparities across all SCC work;
- Planning and Coordination Committee includes collaboration and coordination for the multiple planning and assessment processes for effective input and collaboration in response to grant opportunities;
- Statewide Public Health System Assessment Planning focuses on next steps needed as a result of the Statewide Public Health System Assessment.

Planning and Coordination

Across the state and the nation, more attention is being paid to the impact of health outcomes through population health. Non-profit hospitals are now required to conduct Community Health Needs Assessments every three years, and develop plans to address the identified areas of greatest risk or concern. This practice requires a significant investment of time and resources, which can result in duplication of efforts within communities, counties, and the state. Subsequently, state and local health departments must produce health assessments and health improvement plans for public health accreditation. The Planning and Coordination sub-committee engaged multiple partners to create a "Shared Health Needs Assessment and Planning Process."

Five organizations entered into a Memorandum of Understanding to coordinate efforts and leverage resources:

- Central Maine Health System
- Eastern Maine Health System
- Maine CDC
- MaineGeneral Health
- MaineHealth

Additional entities have provided input to this process, to ensure that the needs of all health care and public health agencies in the state are considered:

- Bangor City Health Department
- Maine Hospital Association
- Maine Primary Care Association
- Portland Public Health
- University of New England (UNE)
- University of Southern Maine (USM) Muskie

Starting in 2015, resources will be leveraged to create a single state health assessment. Data analyses will be completed in September 2015, followed by community engagement and prioritization in the last quarter of 2015 and the first two quarters of 2016. This process will be repeated every three years. This collaborative effort to integrate practices will achieve greater efficiencies, reduce redundancies, lead to improved access to health services and health status for all Mainers, and allow for a broader use of the resulting assessment product. Partners agree that the more entities integrated into a common, universal process to meet various regulatory, health planning and fund raising goals, the greater the return on investment and enhanced sustainability.

Maine CDC

The District Public Health offices, as well as the Tribal District, continue to develop. They work collaboratively with stakeholders, serving the public health needs of their geographically designated regions. Each office includes Maine CDC public health nurses, health inspectors, field epidemiologists, water inspectors and district liaisons.

State Public Health System Outcomes

Healthy Maine Partnerships

In 2007, as part of implementation of the recommendations of the Public Health Workgroup, Maine CDC streamlined 155 contracts for community-based chronic disease efforts into 28 Healthy Maine Partnerships (HMP) contracts covering all of Maine's municipalities. In 2010, Maine CDC, through a competitive procurement, reduced the number of local HMPs to 26 and added a tribal HMP for a new total of 27.

In 2012, per statute and in response to a 33% cut to the Fund for a Healthy Maine, Maine CDC further improved efficiency and reduced administrative costs by streamlining the 27 HMP contracts into nine “Lead HMP” contracts. The overall number of HMPs remains at 27, with Lead HMPs required to subcontract with the remaining 18 “Supporting HMPs." The HMP initiative continues to cover all municipalities in Maine.

HMPs are tasked with convening and maintaining a coalition of community partners both to both provide local oversight and to implement primary prevention strategies collaboratively. A population-based public health approach is used to prevent and reduce the impact of chronic disease by addressing tobacco use and exposure, increasing physical activity, improving healthy foods and beverages options, preventing alcohol and drug abuse, and implementing workplace wellness in small businesses.

Focus Area:

Reduce tobacco initiation by youth and young adults and reduce tobacco use among the general population as well as those priority populations experiencing an undue burden of tobacco use

HMP Response:

- 96% of HMPs are working with tobacco retailers to increase training of retail staff in ways to prevent tobacco sales to underage children.
- 96% of HMPs are working with tobacco retailers to decrease the amount and visibility of in-store tobacco advertising.

Focus Area:

Reduce involuntary exposure to secondhand smoke

HMP Response:

- 30% of HMPs are partnering with landlords of multi-unit residential buildings to make these buildings smoke free.
- 66% of HMPs are working with municipalities to protect residents from exposure to second hand smoke at public events.

Focus Area:

Increase opportunities for physical activity

HMP Response:

- 100% of HMPs are partnering with municipalities to assess resident access to free or low cost physical activity resources within the municipality.
- 74% of HMPs are working to make municipalities more conducive to residents engaging in physical activity.

Focus Area:

Improve healthy food and beverage options

HMP Response:

- 59% of HMPs are partnering with municipalities to increase the availability of healthy food.

- 100% of HMPs are assisting schools to improve their Wellness Policies and address food offered in school settings.

Focus Area:

Preventing alcohol and drug abuse

HMP Response:

- 100% of HMPs are working to reduce alcohol use by underage children.
- 100% of HMPs are partnering with schools to develop and implement best practices around substance abuse policies within school settings.

Focus Area:

Working with small and medium sized businesses to improve employee health.

HMP Response:

74% of HMPs are working with small and medium size businesses to link employees to health risk assessments and create environments within worksites that address and improve the health of employees.

HMPs are key partners within the public health infrastructure that support efforts at the local level, assuring that essential public health services are available statewide. All HMPs completed local Community Health Improvement Plans during the summer of 2012 and have used these to contribute objectives to the District Public Health Improvement Plans. HMPs have been essential partners in the success of the Community Transformation Grant, addressing tobacco, physical activity and nutrition.

In the past year, HMPs successfully leveraged more than 2.3 million dollars in funding from a variety of sources ranging from federal to private foundations, streaming money into Maine's communities to increase the work of public health. Examples of such work include substance abuse prevention through federal Drug Free Communities grants, establishment of a Farm to School Network with the assistance of FoodCorps Volunteers to bring locally grown foods to schools, and support of nutrition education through USDA SNAP-Ed grant funding.

New Public Health Funding for Maine

Funding via the National Public Health Improvement Initiative, although eliminated for future budget periods in the federal budget, will continue to support work toward creating efficiencies in providing public health services through September 2015, improving effectiveness of programs and assisting Maine CDC in its efforts to achieve national accreditation.

Another successful endeavor was the state level Community Transformation Grant (CTG) Maine received in October 2011. The CTG was achieving a high level of accomplishment, however this grant was terminated nationwide on September 30, 2014. Maine CDC received close to $4 million dollars over a three-year time span, the vast majority of which was dedicated to community level work within all of Maine's

Public Health Districts. The Maine CTG funded public health prevention efforts aimed at reducing the rates and health impact of obesity, tobacco use, and heart disease. Despite its early termination, Maine's CTG effort was hugely successful, meeting the majority of its five-year projected targets by the end of the third year. CTG work resulted in 391 Early Childhood Education Centers (ECEs) making positive improvements in the quality of food served and 370 ECEs making positive improvements in the physical activity programming. Similarly, 87 out of 100 target schools improved their nutritional offerings to students and 89 out of 100 improved physical activity programming.

The federally required CTG Statewide Leadership Team has been a subcommittee of the SCC and served to oversee, guide and advise work of the Community Transformation Grant at the State level. The District and community level work of the CTG was implemented under the guidance and coordination of the State's nine District Coordinating Councils.

Substance Abuse and Mental Health Services

In October of 2012, the Office of Substance Abuse and Mental Health Services (SAMHS) received the Partnership for Success II grant from SAMHSA (the federal Substance Abuse and Mental Health Services Administration). The goal of this project is to reduce high-risk drinking among the 12-20 year old population and reduce prescription drug abuse and marijuana use among the 12-25 year old population. During the three year project, evidence-based environmental strategies and programs will be implemented statewide through the HMPs in all nine of Maine's Public Health Districts. Data in year two suggests that Maine has already made great strides in meeting the goals of this grant.

SAMHS has also provided funding to at least one HMP in each public health district to raise awareness regarding Problem Gambling through the "Safe Bet" media campaign and materials. These sites also have a location for motivated persons to complete the self-exclusion paperwork which provides limitations for their return to a casino.

SAMHS has continued to work on other initiatives, including the prevention of mental illness and the promotion of wellness. A rack card and radio ads have been developed with messages to the public such as "we all have mental health and that like physical health, it is important to take care of ourselves". In addition to placing focus on alcohol use during pregnancy and Fetal Alcohol Spectrum Disorders, public education materials have been developed about marijuana and pregnancy and breastfeeding.

Of great importance to the prevention provider community, SAMHS has collaborated with the Maine Association of Substance Abuse Providers (MASAP), AdCare, and the HMPs to create a Prevention Credentialing system in Maine. A prevention credentialing board has been assembled and is in the process of developing this system in Maine. An application to IC&RC (the national credentialing committee of prevention, addiction treatment and recovery professionals) will be submitted by Maine in January 2015 with the aspiration that Maine will have full implementation in 2016.

Immunization Program Successes

Maine CDC's Immunization Program received national recognition by the US CDC's National Center for Immunization and Respiratory Diseases in September 2014 for several notable successes:

- Vaccine Coverage Award for "outstanding achievement" for a 77.3% pneumococcal coverage rate for adults 76 and older (one of only five states)
- Healthy People 2020 Childhood Immunization Coverage Award
- Most Improved Toddler Vaccination Coverage Award
- Outstanding accomplishment for achieving 34.9% coverage for pneumococcal vaccination of high-risk adults age 18-64

Population Health Indicators

The following population health indicators were selected as objectives for the 2014-2017 State Health Improvement Plan, and are measures of the success of our collaborative public health efforts:

- 71% of children ages 19-35 months were fully immunized in 2013 according to US CDC recommendations and the National Immunization Survey. This rate for the 4:3:1:3:3:1:4 antigen series ~ ≥4 doses of DTaP, ≥3 doses of Polio vaccine, ≥1 dose of MMR vaccine, *full series Hib vaccine, ≥3 doses of HepB vaccine, ≥1 dose of varicella vaccine and ≥4 doses of PCV, has increased from 39% in 2008.

- 83% of adolescents were immunized for tetanus, diphtheria and pertussis (whooping cough) and 71% were immunized for meningitis in 2013. These rates have increased from 43% and 36% respectively in 2008.

- 61% of Maine children were immunized for influenza in the 2013-14 flu season. The rates for children are slightly down from the 2012-13 flu season and similar to those in the 2009-10 flu season.

- 45% of Maine adults were immunized for influenza in the 2013-14 flu season. The rates for adult influenza immunizations are up from 43% in the 2011-12 flu season.

- 34% of Maine adults were at a healthy weight in 2013, while 29% were obese. These rates are not significantly different from the 2011.

- 13% of Maine high school students were obese in 2013; this is not significantly different from 2009.

- 13% of Maine high school students smoked cigarettes in 2013; this is a reduction from 18% in 2009.

- 20% of Maine adults smoked cigarettes in 2013; down from 23% in 2011.

- The proportion of high school students in Maine who report consuming alcohol in the past month has decreased notably since 2009 (from 32% in 2009 to 26% in 2013.)

- From 2009 to 2013, there has been a decrease in the proportion of high school students who report binge drinking within the past month (from 19% in 2009 to 15% in 2013.)

- 17% of Maine adults reported binge drinking in 2012, while 7% reported heavy drinking. These rates have not changed since 2011.

- 22% of Maine high school students reported using marijuana in 2013; this has not changed significantly since 2009.

- Among high school students, the rates for lifetime as well as past month misuse of prescription drugs decreased from 2009 to 2013. Lifetime rate decreased from 18% in 2009 to 12% in 2013. Past month prescription drug misuse among high school students decreased from 9% in 2009 to 6% in 2013.

- In 2012, 24% of Maine adults have ever been diagnosed with depression, while 20% have been diagnosed with anxiety and 52% of those with either depression or anxiety have other chronic diseases such as diabetes, hypertension, or current asthma. 2013 data will be available in early 2015.

Summary

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

Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: December 8, 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:

- **Coordinated Approach to Care Management Subcommittee in process of collecting data utilizing a quantitative survey tool approved by Maine CDC Institutional Review Board regarding barriers/perceived barriers being encountered by the patient populations that they serve.**

Upcoming Aroostook DCC dates of interest:

DCC Meeting 2/04/15 9:00-12:00
Steering Committee 1/09/15 9:00-10:00
Coordinated Approach to Care Management Subcommittee 12/16/14
Health and Risk Communications Subcommittee 12/26/14

Progress with District Public Health Improvement Plan:

- Activities planned for completion during the quarter –
- *Continue to research funding opportunities to move district public health priorities along, particularly where gaps or disparities have been identified.*
- *Develop guidance for partner agency use of the District logo*
- *Promote the 2015 calendar of quarterly health topics among DCC members:*

Q1: Colorectal Cancer Awareness *Q2: Mental Health Awareness*
Q3: TBD by survey process presently underway *Q4: Prescription Abuse Awareness*

Progress with Community Transformation Grant:

- Whether activities were able to be completed on schedule: *All required documents and activities submitted by deadline.*
- Successes achieved – *Aroostook CTG Success Story under consideration for publication by Federal partners*

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

In-district or multi-district collaborations:
Continued partnership with Aroostook Regional Transportation System regarding disbursement of emergency travel funds to medical appointments for eligible populations.

Other topics of interest for SCC members: *None this quarter*

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22 M.R.S.§412 (2011).

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

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

Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health
District Coordinating Council Update

District: Central	Date: December 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 October 28 DCC meeting, we heard updates from the DPHIP workgroups, our SCC Representative, and meeting attendees, and had a presentation on the Changes to the CAP Regional Transportation System from Jim Wood, KVCAP Transportation Director. We then had a group discussion on Transportation Services & Issues in the District, that led into a panel discussion on Successful Local/Regional Initiatives with Michelle Flewelling, Norridgewock Town Manager; Bill Primmerman, Somerset Public Health Project Director; and Jim Wood.

Ongoing or upcoming projects or priority issues: MGMC District Oral Health Planning Grant from MeHAF/Maine Oral Health Funders, recruiting/maintaining sector membership and leadership, inventory of district transportation services and gaps

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 with school flu immunization clinics completed
- Oral Health Workgroup met; oral health assessment started
- Mental Health & Substance Abuse Workgroup met with the Oral Health Workgroup to discuss joint concerns

Successes achieved

- Assessment and research work on MGMC 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
- Collaboration on new MGMC PICT grant for focused on chronic disease prevention in district medical settings

Barriers encountered

- How to keep Community Transformation Grant progress going in the district without grant funding
- Staff and volunteer resources to focus on DPHIP development, data/intervention analysis, implementation, and workgroup support

Structural and Operational changes, including updates in membership. Steering Committee Vice Chair resigned due to job change; new members from Inland Hospital and Kennebec Behavioral Health

In-district or multi-district collaborations: Oral Health Assessment and Planning; MGMC PICT Grant; Senior Transportation & Health Issues; flu immunization clinics; Poverty Action Coalition. District HMPs report work with EMMC on PICH Grant to assist Somerset County Chronic Disease prevention efforts; Healthy SV has received a Kohls Grant; SPH, HNK, & HCCA are working on MeHAF Community Planning Grants; PFS II and SNAP grant renewals are complete and the work for 2014-2015 is underway across the district; SPH and HNK have posted job opportunities for HMP contract work.

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

Public Health
Prevent. Promote. Protect.

Template updated 03/2012

District: Cumberland	Date: 12/18/14

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 continues its work on a grant from the MCF People of Color fund to expand Health on the Move. The third of five events funded by this grant is currently in the planning stages for January 23rd hosted by the Westbrook Intercultural Community Center. This event will be the kickoff for several different series of community health opportunities that will help district partners can strengthen their relationship with this neighborhood over the longer term.
- The Mayor's Substance Abuse Task Force continues to identify 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. Subcommittees are being established to develop recommendations to strengthen our approach to prevention, intervention, treatment, and recovery.

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 so many 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 – (see bullet above)
  - 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 development. The DCC participated in a grant application with the Gulf of Maine Council that could provide a small amount of funding for implementation.
  - Flu vaccination: Partnership with Cumb County Medical Reserve Corps to provide staffing support for VNA-led school flu clinics.

22 M.R.S.§412 (2011).

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Progress with Community Transformation Grant:

- The Community Transformation Grant officially ended September 30, 2014.

Structural and Operational changes, including updates in membership.

- The CDPHC Membership Committee has reactivated with new leadership from Zoe Miller, Opportunity Alliance, Healthy Lakes HMP Director. A plan for strengthening the orientation of new CDPHC members and strategies to build new relationships with previously unengaged district partners while also sustaining the engagement of long-time members.
- Robin Hetzler (Medical Care Development) joined the Council as a new member. The council approved her membership at the November meeting.

In-district or multi-district collaborations:

There are many active collaborative projects going on in the district and one of the challenges is keeping everyone informed and "in the loop" about all the activity, which evolves quickly when windows of opportunity open.

The Greater Portland Refugee & Immigrant Health Collaborative (a subgroup of the CDPHC Health Equity Workgroup) is making excellent progress using the Collective Impact framework. This group is developing innovative coordinated strategies to increase access to dental care, vision care, primary care, and behavioral health.

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, that are all connected under the CDPHC's health equity priority.

Other topics of interest for SCC members:

The Council held a legislative breakfast in November for legislators from Cumberland County. The Council used the breakfast as an opportunity to familiarize the newly elected (and some returning) representatives and senators with the Council, public health, and the Maine Public Health Association. The bipartisan group of legislators also discussed public health issues from their respective districts, and shared issues they would consider priorities based on what they have been hearing from their constituencies (most of which lined up very well with our DPHIP priorities).

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Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Down East	Date: 18 December 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
September 26 at Mano en Mano in Milbridge with twenty-one participants (Adobe Connect was utilized).
The agenda action items:

- Preparedness Exercise: our two county EMA Directors provided a short exercise to get organizations thinking how to react to the situation internally and externally.
- DPHIP Priority Work Groups meet for one hour during meeting.
- CTG Presentation: Georgie Kendall provided a summary of the amazing outcomes of the three year initiative.
- Utilized facilitated exercise breaks and fresh foods.

November 21 at Mano en Mano in Milbridge with twenty-two participants (Adobe Connect was utilized).
The agenda action items:

- Hospice Care: Helen Burlock of Community Health & Counseling Services provided an overview of hospice care and how it meets a person/family needs.
- DPHIP Priority Work Groups meet for more than one hour during meeting.
- Utilized facilitated exercise breaks and fresh foods.

Next meeting is scheduled for January 23, 2015 (9:00 am to 12:00 pm) at Mano en Mano in Milbridge.
Meetings in 2015: January 23, March 27, May 22, July 24, September 25, & November 20.

Executive Committee Meetings
October 24 via Conference Call.

- DPHIP Work Groups: how to move from planning and reorganizing to implementation; should they focus on changing policies and procedures; what about resources?
- Emergency Preparedness: how to follow up September meeting in 2015; do we have county based or locally based partner exercises; how to get participants to the table?
- Meeting Schedule for 2015.
- Tobacco needs to be brought up again and talked about.
- Next call is scheduled for December 19 (9:30 – 11:00 am)

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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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Ongoing or upcoming projects or priority issues:

- Well Water Awareness and Testing.
- Brownfields Grant Task Force.
- Food Access Issues, Anti-Hunger Campaign, and Supporting Pantries.
- County or local partner emergency preparedness exercises.
- 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 conducting screenings; coordinate consistent information collection form/device.

Progress with Community Transformation Grant: Summary of Successes

- ECE: 45 sites (exceed three-year goal) reaching more than 500 children.
- Schools: 21 schools (met three-year goal) reaching more than 2,000 children.
- Two ECE provider conferences; Over forty trainings; Ten food demonstrations
- Funding to schools for physical activity equipment; Funding to ECE for gardening and books.

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: Data Collection
- 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: 12/15/14

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:

The December 9th DCC meeting focused on Mental Health. Excerpts from the Lifetime Movie "Call Me Crazy" - a film about living with Mental Illness was shown with a facilitated discussion lead by NAMI Maine Director of Public Education Sophie Gabrion. Local NAMI representatives attended and shared local resources. Updates on the diaper project toolkit from United Way of Midcoast Maine and the availability of ACEs trainings from Heather Biggar, Implementation Coordinator, Maine Children's Trauma Response Initiative were provided.

The subcommittee is also sharing ideas on continuing our medication collection efforts now that the DEA has discontinued collections and disposals, and have met with law enforcement representatives from each county to discuss efforts.

Transportation:

The subcommittee has surveyed the landscape about what is happening on local, regional and state levels and asked where they can best weigh in and lend support. There is interest in helping to revive advocacy and education to raise community awareness around transportation needs and initiatives, and to frame transportation as a social determinant of health/barrier. There is also some interest in how to support efforts to develop volunteer networks and solutions that are not fixed-route in order to serve more rural areas. The subcommittee updated attendees at the Dec 9 DCC meeting and asked DCC members for input as to where they should focus.

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

The two priorities each have active subcommittees.

- Progress with Community Transformation Grant Final Wrap-Up:

Enrolled 41 Early Childcare Centers
Enrolled 23 schools
Developed and conducted 1 school nutritional assessment with recommendations

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Allocated over $6,000 in minigrants
Coordinated and hosted 4 ECE trainings in collaboration with 5210
Coordinated and hosted 5 Winter Kids trainings (2 ECE, 2 Schools – 1 at a school)
Recognized 7 ACE Teams; distributed 7 ACE Team toolkits
Developed and distributed 8 Breast Feeding toolkits
Supported 3 Walkability audits, 1 network analysis
Supported 4 schools to work with F.A.R.M.S. (Focus on Agriculture in Rural Maine Schools)

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

The lead HMP has transferred contacts to a Constant Contact list, making it easier for members to update their information, share meeting notices and invite potential members to attend. It is also an easier way for both the DL and Lead to access the most updated contact list.

- **In-district or multi-district collaborations:**

Midcoast HMPs have been attending EUDL meetings and supporting efforts. Upcoming collaborations will include a bicounty RBS training to be held after a round of planned compliance checks funded by the EUDL grant. Task Force members are also researching the possibilities of District medication collections.
SUCCESS STORY:

- As a result of the DCC sponsored ACEs training in June, Knox County Community Health Coalition has convened a meeting with Maine Children's Trauma Response Initiative, Midcoast Children's Development Services and Many Flags/Promise Neighborhoods to discuss how cross-sector ACEs trainings for clinicians, schools and community members could be implemented in Knox County. DCC members will be encouraged to attend any trainings.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: Penquis District	Date: December 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 an informational meeting. There was a presentation about the Partnerships to Improve Community Health grant recently awarded to EMHS on behalf of the Northern Maine Rural Collaborative for Healthy Communities. The District discussed ways in which there could be coordination of this grant with existing work. Additionally, the District reviewed its three priority areas and discussed what the actions should be for 2015.

Ongoing or upcoming projects or priority issues:

- DCC 2015 Planning

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- Presentation about the Partnerships to Improve Community Health grant recently awarded to EMHS on behalf of the Northern Maine Rural Collaborative for Healthy Communities
- Poverty/ Adverse Childhood Experiences (ACEs) –Discussions about the 2015 plan to continue trainings and work with communities.
- Obesity/ Diabetes- explore potential collaboration with the Partnerships to Improve Community Health grant

District success story:

- Success achieved-As a result of the ACEs work at the District level individual schools in the Penquis District have brought the trainings to school staff.

East Millinocket and Medway combined the staff on an in-service day (Sept 24) to hear Chris Trout present Bring it On! (Part 2 of the Resiliency training).

Chris is scheduled to come to the Millinocket School Department's in-service day March 27th 2015.

Also, Sue Mackey Andrews presented her ACES overview to the staff at Region 3 in Lincoln on

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October 31st . Partnership for Health Northern Penobscot coordinated the effort to bring them here and also attended the sessions to network.

- Bangor Public Health Nurses are working with the Maine Resiliency Network to pilot an ACES tool. Preventing Adverse Childhood Experiences is one of the recommendations that came out of the Community Process Substance Abuse Work.

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:
- Partnerships to Improve Community Health grant
- 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	Date: 12/18/14

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:

- Attended the Micmac Service Unit's 20th Annual Health Fair, 10/18.
  - Presented information regarding Emergency Preparedness, including information about preparing for emergencies in Tribal Nations, and provided items for community members to begin making their own emergency kits at home.
  - Performed cholesterol screenings along with heart health education.

Progress with District Public Health Improvement Plan:

- All tribes have received 500 copies of their completed individual Community Profiles.
- The Passamaquoddy Tribe at Indian Township and the Aroostook Band of Micmacs have disseminated their profiles to the community.
- A meeting is scheduled in January with all five Tribal Health Directors and Tribal Leadership from each community.
  - Due to recent elections there have been changes in leadership, as well as new Health Directors at both Passamaquoddy Health Centers.
  - There are many of them unfamiliar with the Waponahki Assessment and Wabanaki Public Health.
  - This meeting will be a brief overview of the assessment results, WPH, and to begin planning for each community's Health Improvement Plans (CHIP).
  - The Leadership will determine three priorities areas that all five communities will focus on. The community will then be able to determine how they would like to work on each of the chosen areas, at community forums held by the Liaisons.
- Continued involvement with Penquis, Aroostook, and Downeast DCC's

Structural and Operational changes, including updates in membership.

- 10/16-Attended a meeting regarding a HRSA planning grant that Indian Township received to develop a Tribal Rural Health Network, and how it could be integrated with the Wabanaki District Coordinating Council to create one centralized group, rather than multiple groups meeting for similar reasons.

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In-district or multi-district collaborations:

- Notified of funding award for the Northern Maine Rural Collaborative, under the Federal CDC *Partnerships to Improve Health* grant. All five of the tribal communities in Maine will be taking part in this grant over the next three years. Currently working with Healthy Wabanaki and Eastern Maine Health Services to develop a workplan.
- Partnered with Healthy Wabanaki and the Houlton Band of Maliseets Meth and Suicide Prevention Program to bring New England Poison Control to their community for an educational forum, Dec 2012.
- Continued involvement with Penquis, Aroostook, and Downeast DCC's

Other topics of interest for SCC members:

- The Penobscot Nation will be taking over as the new fiscal lead for Wabanaki Public Health District as of Jan 1, 2015.
- Clarissa Sabattis has taken another position as of Dec 3 and is no longer a Tribal Liaison with Wabanaki Public Health.

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 06/2012

District: Western	Date: December 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, and discussing the SCC representative as 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 has been assembled in brochure format and will be disseminated to partners. An updated list of Franklin county flu clinics was added to this template and sent out at the beginning of December.

Development of an electronic collaborative tool – The Communications and Coordination work group continues to focus primarily on the deployment of the Insight Vision digital strategy mapping and project management tool in the Western Public Health District. This platform enhances clarity about mutually agreed upon objectives in health, and creates visual strategy maps that are interactive and easy to keep up to date. These maps represent the next generation of tools such as SMART goals and logic models in that they are developed through collaborative dialogue among many partners working toward alignment of effort across multiple community sectors. The tool also generates community Score Cards, or dashboards, for accessible reporting and immediate visual feedback to all stakeholders about the progress of multiple initiatives.

Accomplishments to date include:

1. Leveraging the Oxford County Wellness Collaborative's (OCWC) purchase of the Insight Vision platform (licenses and technical assistance) to lower the cost of adding licenses and support for the remaining two counties in the district: Androscoggin and Franklin.
2. Several meetings held in 2014 among district HMPs and our MeCDC Liaison Jamie Paul, to coordinate orientation to and deployment of the tool.

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3. District level work groups focused on Obesity reduction and Behavioral Health (Mental Health and Substance Abuse issues) have begun to work with OCWC work groups of Healthy Eating and Behavioral Health to discuss shared objectives.
4. A draft strategy map for Healthy Eating/Obesity is ready now for review by OCWC and District partners. A meeting is set of for Dec. 17th.

The District Behavioral Health work group has been supported to reach out to the parallel work group in the OCWC to plan the development of a draft strategy map for the work being done in this domain. It is reasonable to expect an agreed-upon map for Behavioral Health by the 3rd quarter of FY15.

Behavioral Health – We had a meeting in October with representatives from all 3 counties. We learned about what each participating organization was doing around behavioral health and discussed challenges. We also shared some information and materials around National Impaired Driving Prevention Month which is in December. We are organizing a meeting to be held sometime in January where we will begin to created strategy maps to identify common, higher level goals around behavioral health and identify gaps for the group to discuss.

Obesity – The leader of this work group has been out on medical leave, however, there is an Obesity Workgroup meeting scheduled for December 18th to get things moving again.

Structural and Operational changes, including updates in membership.

- None at this time.

In-district or multi-district collaborations:

Other topics of interest for SCC members:

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Statewide Coordinating Council for Public Health
District Coordinating Council Update

Template updated 03/2012

District: York	Date: December 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 10/6/2014 and 11/3/2014.

The Full Council meeting held on 12/1/2014 focused on Alzheimer's Disease, and updates on the Affordable Care Act. With Open Enrollment in the ACA Marketplace currently taking place insurers offering products in Maine Beth O'Hara-Miklovic of Maine Community Health Options provided information and updates. To mark the end of National Alzheimer's Disease Awareness Month (NADAM), Bill Kirkpatrick, Program Director of the Maine Chapter of the Alzheimer's Association presented The 10 Early Signs and Symptoms of Alzheimer's. Bill also shared the relevant policy priorities regarding Alzheimer's in Maine and the nation.

Ongoing or upcoming projects or priority issues:

- Continued Recruitment of faith-based, business and private sector membership
- Working on 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 and has merged with the York Let's Go 5210 workgroup. This represents an alignment of forces reduces duplication of work, and makes both groups more effective as they work towards common goals.

- **Membership Review Committee** has not met this quarter but, membership is discussed at the executive meetings. Efforts to recruit members to the executive committee are underway.

- **Public Health Preparedness work group** met once and is continuing to work on items that arose from the Table Top Exercise. Currently members are looking at developing training on emergency preparedness for Local Health Officers. An After Action Report for the exercise was created, and provided to Katie Marone to assist in the efforts of accreditation for the Maine Center for Disease Control.

- **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. A subcommittee has been formed to help organize a presentation to be offered state wide. The Task Force would like to bring in Lee Shuer who has spoken around the world in regards to his recovery hoarding.

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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A-1. The tribal district coordinating council shall:

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

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