

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 287-8016; Fax: (207) 287-9058  
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## STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH AGENDA

December 15, 2016

11:00 – 2:00 (please feel free to bring your lunch)

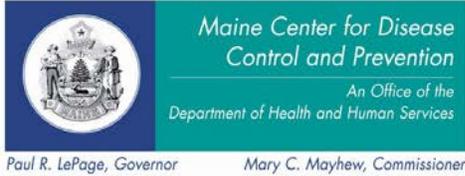
Room 209, 2<sup>nd</sup> Floor, Augusta Armory, 179 Western Avenue

Call in Information: Dial 877-455-0244, Passcode 879 303 3495

- 11:00 Welcome, Introductions, Review Agenda, Review Previous Meeting Minutes  
*(Jim Davis, Co-Chair)*
- 11:15 Preventive Health and Health Services Block Grant  
*(Nancy Birkhimer, Manager, Quality Assurance and Performance Improvement, MCDC)*
- 11:50 History of the Public Health Infrastructure and State Coordinating Council  
*(James Markiewicz, Deputy Chief, District Public Health; Jessica Fogg, Penquis District Public Health Liaison)*
- 12:30 Administrative Details  
*(Christopher Pezzullo, State Health Officer; Peggie Lawrence, Committee Staff)*
- New location
  - 2017 schedule, dates and times
- 12:40 Break
- 1pm Working Lunch and SHIP Overview  
*(Nancy Birkhimer, Manager, Quality Assurance and Performance Improvement, MCDC)*
- 2pm Adjourn

### Electronic Handouts For This Meeting:

- Agenda
- September 2016 SCC Minutes
- Preventive Health Services Presentation
- History of Public Health Infrastructure Presentation
- Map to new location
- 2017 Meeting Schedule
- SHIP Overview Presentation
- District Liaisons' Reports



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**Statewide Coordinating Council for Public Health  
 Draft Meeting Minutes for September 15, 2016  
 Augusta Armory, Room 209B, 179 Western Avenue, Augusta, ME**

**In attendance:**

Beardsley, Nancy  
 Bennett, Siiri  
 Birkhimer, Nancy  
 Boucher, Stacy  
 Burlock, Helen  
 Davis, Jim  
 Demos, Celia  
 Dodge, Lee Anne  
 Donahue, Maria  
 Dube, Nancy  
 Duguay, Patty  
 Ellis, Jaki  
 Finch, Andy  
 Fogg, Jessica  
 Fuller, Colleen  
 Glynn, Emily  
 Guay, Erin  
 Hamilton, Patty  
 Hartwig Adam

Hetzler, Robin  
 Jenkins, Kristine  
 Joy, Joanne  
 Kelly, Betsy  
 Macoy, Vanessa  
 Malinowski, Kerri  
 Markiewicz, James  
 Michael, Doug  
 Michaud, Peter  
 Morris, Laura  
 Morrissey, Jo  
 Morrissey, Jo  
 Onion, Daniel  
 Onion, Daniel  
 Pezzullo, Christopher  
 Ricker, Kristi  
 Shaughnessy, Malory  
 Soma, Toho  
 Thomson, Paula

White, Drexell  
 Wigand, Deb

**Online Participants:**

Jim Fisher, Downeast  
 Public Health Council

Christine Lyman,  
 Community Member

Jamie Paul, Western  
 District Liaison

Kate Perkins, MCD Public  
 Health

Charles Dwyer, Maine  
 Health Access  
 Foundation

Agenda Item	Discussion	Action Items or Resolution
Welcome	Several attendees joined the September SCC for the first time including several District Coordinators, new SCC Members and interested parties.	None
Review of Agenda and Minutes		Minutes accepted with corrections to attendance list.
Amendments to SCC Operating Principals	SCC's Operating Principals will be updated to reflect the evolution of practices therein.	The SCC Executive Committee will develop a plan to draft the revisions.
SHIP Update and SHNAPP	Q. Could the District update be longer and include District work linked to the SHIP and the SHNAPP? A. In the next SHIP, we intend to include the DPHIPs as part of the SHIP, and can discuss how to streamline the reporting.	A SHIP/SHNAPP update will be provided at the December SCC.

Agenda Item	Discussion	Action Items or Resolution
	<p>Q. Could the SCC review past reports as well as documentation for revisions when they are done?</p> <p>A. Yes, we can be sure the SCC is notified when the reports are finalized, and include some discussion of these in the development of the next SHIP.</p> <p>Q. Will the next SHIP include the current health indicators?</p> <p>A. The SHIP priorities will be based in part on the indicators in the 2016 SHNAPP. Indicators for the next SHNAPP (2019) are still being defined. Indicators that are more specific to strategies included in the SHIP may also be developed for the new SHIP. The priorities may or may not remain the same, but based on the SHNAPP results are likely to overlap. The current health outcome focused SHIP priorities include tobacco, diabetes, immunization, substance abuse and mental health and obesity. There are also two priorities related to the 10 essential public health services: Inform, educate and empower the public, AND Mobilize community partnerships.</p>	
<p>SCC Annual Report to Joint Standing Committee on Health and Human Services</p>	<p>The Council has worked to identify Maine State Statute defining reports related to, due from, or with input from the SCC.</p> <p>MSRS Title 2, Chapter 5, Subsection 104, (referenced in the SCC 2011, 2012, 2013, 2014 <b>SCC Annual Report</b>), which required the SCC to report to the Advisory Council on Health Systems Development, was repealed in 2011, effective 9/28/2011. See <a href="http://legislature.maine.gov/legis/bills/bills_125th/chapters/PUBLIC90.asp">http://legislature.maine.gov/legis/bills/bills_125th/chapters/PUBLIC90.asp</a></p> <p>Also reference Sec. J-9. 22 MRSA §412, sub-§6, ¶F, for the enactment enabling Chapter 152, ss 412, which follows.</p> <p>MSRS Title 22, Subtitle 2, Part 2, Chapter 152, subsection 412 (<a href="http://www.mainelegislature.org/legis/statutes/22/title22sec412">http://www.mainelegislature.org/legis/statutes/22/title22sec412</a> 6.F) requires the SCC to submit an <b>annual report</b> to the Joint Standing Committee on Health and Human Services on progress made toward achieving and maintaining accreditation of the state public health system, and on streamlining and other strategies leading to improvements in the delivery of essential public health services. The due date is not mandated; traditionally the report has been delivered at the beginning of the calendar year utilizing the past calendar year data and coinciding with the re-convening of the Maine State Legislature.</p> <p>MSRS Title 22, Subtitle 2, Part 2, Chapter 152, subsection 413, .3, (<a href="http://www.mainelegislature.org/legis/statutes/22/title22sec413">http://www.mainelegislature.org/legis/statutes/22/title22sec413</a> ) requires the Maine CDC, in consultation with the SCC, to develop and publicize an <b>annual brief report card</b> on statewide and district health status by June 1<sup>st</sup> each year.</p>	<p>The Executive Committee will discuss the generation of the annual report at the October call.</p>

Agenda Item	Discussion	Action Items or Resolution
	<p>The group made the following suggestions on the formatting of an annual report.</p> <ul style="list-style-type: none"> <li>• A report divided by District;</li> <li>• A report divided by essential public health service;</li> <li>• A report divided by the 7 health indicators defined in the SHIP;</li> <li>• A road map of how all the components of public health delivery systems interact; or</li> <li>• Two sections – the role of the SCC and how the SCC and the District structure interface.</li> </ul> <p>Suggestion: Define what is meant by the phrase “improved efficiencies and effectiveness in the delivery of essential public health services” in the statute mandating the SCC <b>annual report</b>.</p> <p>Responses:</p> <ul style="list-style-type: none"> <li>• The overall function performance of the system at large;</li> <li>• The SHIP is a component of what is our vision of the state health;</li> <li>• There are also structures (DCCs, SHOs, local private entities) within which the public and private health systems interact;</li> <li>• The annual report is meant to explain the structure of public health to the Health and Human Services Committee.</li> </ul> <p>Q. Can the state level assessment and meeting reports generated during the pursuit of accreditation be applied to / used as a template?  A. Nancy Birkhimer is the archivist for accreditation, and has all the documents generated during the process.</p> <p>Q. Can the annual report be updated by the commencement of the upcoming Legislative session?  A. Spring 2017 is a more realistic timeframe.</p> <p>Q/S The annual report should actually be a District level report because that is where the activity takes place.</p> <p>S. A comparison of the former Healthy Maine Partnerships structure with the new infrastructure as an assessment tool in the 2018 annual report.</p> <p>Q Who takes the lead in forming the annual report?  A. Collaboration between MCDC and SCC Executive Committee. The full membership would then be asked to review a draft and provide input.</p>	
District Updates		District Reports attached.
Health Disparities in our Communities	Doug Michael led a facilitated question and answer style brainstorm based on District responses to the question: <i>we’d like to hear from local public health districts about what’s working well and what challenges our communities the most for those children experiencing health disparities</i>	No next steps defined.

Agenda Item	Discussion	Action Items or Resolution
	<p>In response to “what’s working?”:</p> <ul style="list-style-type: none"> <li>• <u>Central</u>: Kohl’s Cares, SNAP-Ed, community and school gardens. CHW at MaineGeneral focusing on dental health</li> <li>• <u>Penquis</u>: Linked In, program for children and families affected by toxic stress and substance abuse.</li> <li>• <u>Midcoast</u>: Free diapers</li> <li>• <u>Cumberland</u>: Portland defending childhood collaborative to prevent early ACES &amp; trauma</li> <li>• <u>York</u>: Maine Families in York County United Way and Early Childhood collaborative</li> <li>• <u>Hancock and Washington</u>: Oral health programs</li> <li>• <u>Western</u>: Androscoggin cultural/linguistic cultural competency program, access to health care system, cultural competency programs and educational videos.</li> <li>• <u>Statewide</u>: LGBTQ workgroups, local school groups, local resources and education about LGBTQ</li> <li>• <u>Tribal</u>: Youth councils, health care university, NAMI, leadership training and action plan development, peer support</li> <li>• <u>Health Equity Alliance</u>: Support group for trans youth, including families and other supports</li> <li>• <u>Schools</u>: – they have a central role in addressing disparities. Back pack and school based health centers/waived fees in Midcoast.</li> </ul> <p>In response to “what are the challenges?”:</p> <ul style="list-style-type: none"> <li>• <u>Cumberland</u>: Housing insecurity, transportation</li> <li>• <u>York</u>: Ineligibility for health services; loss of funding for many services and programs; youth in hoarding households</li> <li>• <u>Tribal</u>: Limited Project LAUNCH services/waiting lists for families with children under age 5; food insecurity – lack of food pantries or pantries with limited storage or food buying capacity</li> <li>• <u>Statewide</u>: Deep increase in the rate of marijuana DUIs and lack of DEEP program access/ the use of marijuana by children and youth; the culture of resignation to the legalization of marijuana; child abuse and neglect associated with substance abuse in caregivers</li> <li>• <u>Washington &amp; Hancock</u>: Poverty, food insecurity, poor nutrition and obesity</li> <li>• <u>Central</u>: Elders and caregivers participating in kinship care do not have the services and resources that traditional caregivers and foster parents have</li> </ul> <p>In response to “what are some collaborative solutions and/or opportunities?”:</p> <ul style="list-style-type: none"> <li>• Children don’t have a voice in many of the systems designed to serve them. Include children in the dialogue.</li> </ul>	

Agenda Item	Discussion	Action Items or Resolution
	<ul style="list-style-type: none"> <li>• Whatever solutions or opportunities are developed, they should be developed in a culturally sensitive manner.</li> <li>• Revise policies.</li> <li>• Triple P Parenting and promotional campaigns</li> <li>• Create task forces on specific topics.</li> <li>• Expand services beyond geographic areas.</li> <li>• Multi-sectoral collaborations.</li> <li>• Avoid stigma by meeting people where they are.</li> <li>• SCC could use its strength via the SHIP and by advising legislative committees and state health departments.</li> <li>• Include the issues we have discussed in the SCC charge and approach.</li> <li>• Brainstorm to define the SCC role and next steps.</li> <li>• School is a place to absolve people of stigma.</li> <li>• SNAP is in many schools but not all schools</li> <li>• Instead of local competition for limited dollars, groups should pool together to leverage and distribute them.</li> <li>• Population needs don't always fit within District service areas.</li> </ul>	
Strategic Plans	<p>The SCC Executive Committee worked with Dr. Sheena Bunnell of the University of Maine to draft a strategic plan for the SCC. The work was suspended before finalization and a draft was shared with the SCC. The Executive Committee would like input on the draft.</p> <p>The strategic plan draft included plans for clarification of purpose and roles, and goals for the SCC's work and membership.</p>	The Council was asked to include their thoughts and suggestions in the meeting evaluation form.
Meeting Format Restructure	Dr. Pezzullo asked the Council to consider suggestions for changing the SCC meeting format. As a strategy for making SCC meetings less a discussion forum and more an outcome-oriented work session, it is proposed that the SCC meet from 10 to noon on a quarterly basis, with a 3 <sup>rd</sup> hour dedicated to a working lunch, facilitated in small work groups on specific areas of focus.	The Council was asked to consider the format change, make suggestions of their own, and the format change will be revisited at the December meeting.
Adjourn	Next meeting: December 15, 11:00 a.m. to 2:00 p.m., Room 209, Augusta Armory	

# The Preventive Health and Health Services Block Grant



*Paul R. LePage, Governor*

*Mary C. Mayhew, Commissioner*

# History - Federal

The PHHS Block Grant (Block Grant) provides:

- “Critically needed, flexible funding”
- “To address the unique preventative health needs”
- Linked to Healthy People 2020 objectives
  - 42 topic areas
  - More than 1,200 objectives
- Non-competitive allocation to each state, plus territories and DC.

# History - Federal

- Created in 1981, by combining a number of categorical funding sources.
- Since 1996, it has included a set-aside for rape prevention.
- Went through a period of successive federal reductions in funding until 2014.
- In 2014, received new funds through the Affordable Care Act's Prevention and Public Health Fund (PPHF); funding significantly increased.
- Formula based (non-competitive)



# Key Requirements

- Link to Healthy People 2020 objectives
- Annual Public Hearing
- Advisory Committee to provide input to the uses of the funds.
- Must address priorities based on one or more of the following:
  - State Health Improvement Plan
  - Agency Strategic Plan
  - Data trends
  - Unfunded or underfunded areas



# History - Maine

- From ~1997-2010, provided support to 11 different Maine CDC programs, primarily supporting personnel.
- 2011-2013, linked to Healthy Maine 2020.
  - Coordinated by the Office of Local Public Health
- In 2014, our plan shifted to focus on health disparities.
  - Coordinated by the Office of Health Equity
  - The Health Equity Council became the “Advisory Committee”
- In 2016, the grant shifted again.
  - Coordinated by the Division of Public Health Operations
  - Increased focus on accreditation and key gaps in addition to health equity



# Quirks

- Each year, we are awarded funds with a 2-year spending period.
  - Spending overlaps by 12 months
- Allocations for each year are not announced until well into the project period.
  - For the funding period 10/1/2015 – 9/30/2017, the allocations were announced 3/23/2016 and workplans were due 4/25/2015
  - Maine, like many other states , spends most of the funds in the second year

# The request

Would the SCC be willing to take on the role of the PHHSBG Advisory Council?

- Dovetails with current advisory role.
- Would entail:
  - Reviewing the block grant workplan and budget.
  - Providing input to the planning process
  - Making recommendations

**VOTE NEEDED** to accept this role.

# Current Funding

- **Community Engagement**
  - Personnel
  - Additional funding for DPHIP projects as needed
- **Early Childhood**
  - Developmental Screening
  - Lead Poisoning Prevention
  - Opioid use during pregnancy
- **Comprehensive Epidemiology**
  - Support for health disparities analyses
  - Support epidemiologists' involvement in Maine CDC-wide initiatives

# Current Funding

- Accreditation
  - Accreditation/workforce development coordinator
  - Time limited position: DHHS ADA/language access coordinator (Dom. 11)
- Rape Prevention
  - Contract with Maine Coalition Against Sexual Assault through partnership with the Office of Child and Family Services
- Block Grant Administration
  - Manager, Accreditation and Performance Improvement (part-time)

# Current Status

- **Community Engagement – underspent**
  - Community-based Prevention Manager
  - District Public Health Improvement Plans have not yet been fully developed
- **Early Childhood – additional needs**
  - Developmental Screening contract has a funding gap
    - This is the final year of this project to increase primary care provider screening of 0-3 year-olds
- **Comprehensive Epidemiology – additional needs**
  - BRFSS support for sexual and domestic violence, sexual orientation and transgender identity, usual source of health care
  - Epi on Call – small contract to relieve regular staff
  - Other infectious disease epidemiology capacity

# Current Status

- Accreditation – shifted funding
  - Accreditation and Workforce development coordinator not yet hired (recruitment in progress).
  - Digital library access to scientific journals (Dom. 10)
  - SHIP coordination
  - SHNAPP coordination
  - Staff support for quality and performance improvement



# Current Status

- Rape Prevention – added services
  - Small amount of funding for Maine Coalition to End Domestic Violence
- Block Grant Administration – shifted responsibilities
  - Previous BG coordinator position has been eliminated and replaced with a performance Improvement Specialist (recruitment underway)
  - Manager, Accreditation and Performance Improvement (part-time)

# Suggested Revisions for project year ending September 30, 2016

<b>Project</b>	<b>Original Allocation</b>	<b>Revised</b>	<b>change</b>
Community Engagement	\$550,369	\$290,369	(\$260,000)
Early Childhood	\$293,898	\$357,010	\$63,112
Epidemiology	\$141,021	\$363,322	\$222,301
Accreditation	\$227,965	\$217,892	(\$10,073)
Rape Prevention	\$99,701	\$105,951	\$6,250
Administration	\$79,414	\$42,132	(\$37,282)
<b>TOTAL</b>	<b>\$1,392,368</b>	<b>\$1,276,677</b>	<b>(\$15,691)</b>



# Direction for next project year

- Allocation still unknown
- Block Grant Administration
- Rape Prevention
- Early Childhood – proposed to be phased out
- Community Engagement – continued support
- Comprehensive Epidemiology – continued support
- Accreditation

# Direction for next project year

- Other related potential projects:
  - Performance management
  - Quality Improvement
  - SHIP initiatives
  - SHNAPP Contributions
  - Strategic Plan initiatives

# Questions?

Nancy Birkhimer,  
Accreditation and Performance Improvement  
Nancy.birkhimer@maine.gov



*Paul R. LePage, Governor*

*Mary C. Mayhew, Commissioner*

# History of the Public Health Infrastructure and State Coordinating Council

Jessica Fogg, MPA  
Penquis District Public Health Liaison

James Markiewicz  
Deputy Chief, District Public Health

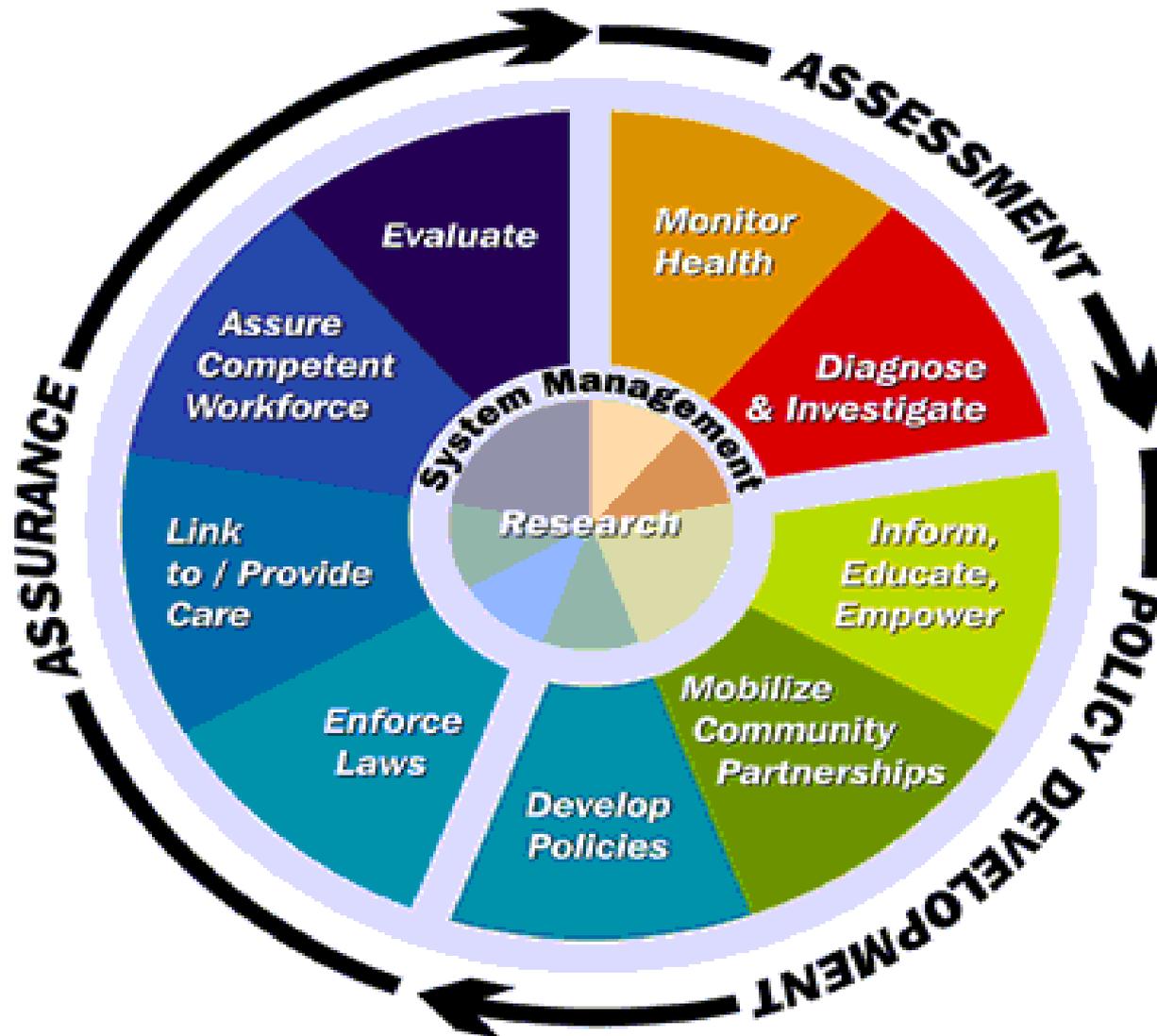
December 2016



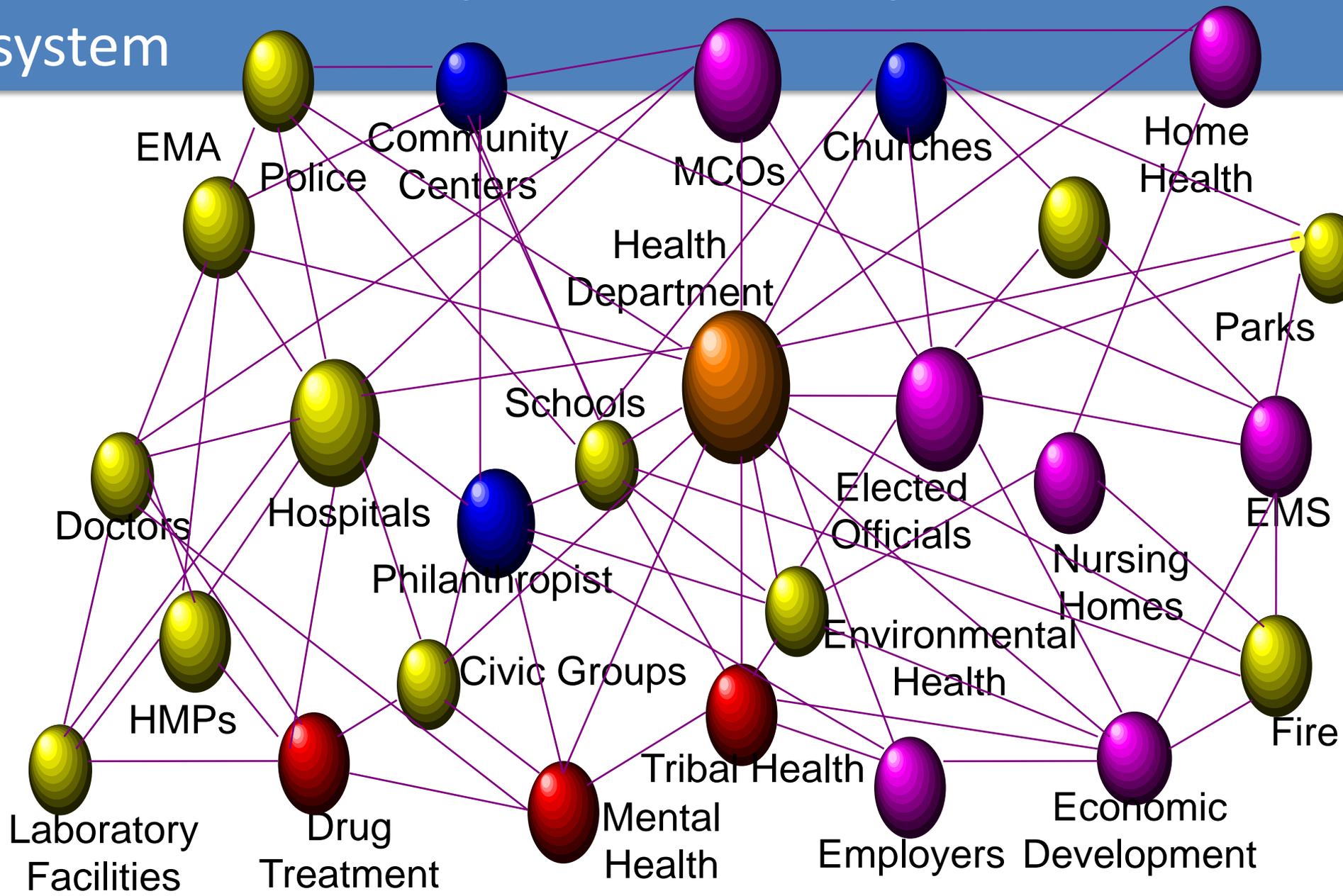
*Paul R. LePage, Governor*

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# Core Public Health Functions



# Partners that comprise the Maine public health system



# Historical Information on the Public Health Workgroup and Development of the Public Health System

More detailed information and background documents can be found at the following link:

<http://www.maine.gov/dhhs/mecdc/public-health-systems/scc/phwg/index.shtml>

*DHHS → MeCDC → Division of Public Health Systems → Statewide Coordinating Council → Public Health Work Group*

# Maine Public Health Infrastructure Development

## **Historically (pre-2007):**

- Regional MCDC staff unconnected to each other; different divisions/programs use different geographic divisions
- Many unlinked local contractors deliver public health services through a patchwork quilt of contracts
- Outdated Local Health Officer Statutes, lack of support for LHOs

## **2005-2007: Public Health Work Group (PHWG)**

- Led by Governor's Office of Health Policy & Finance
- 40 voting members and broad representation/input from stakeholders

## **2007: Revision of Title 22 Ch 153**

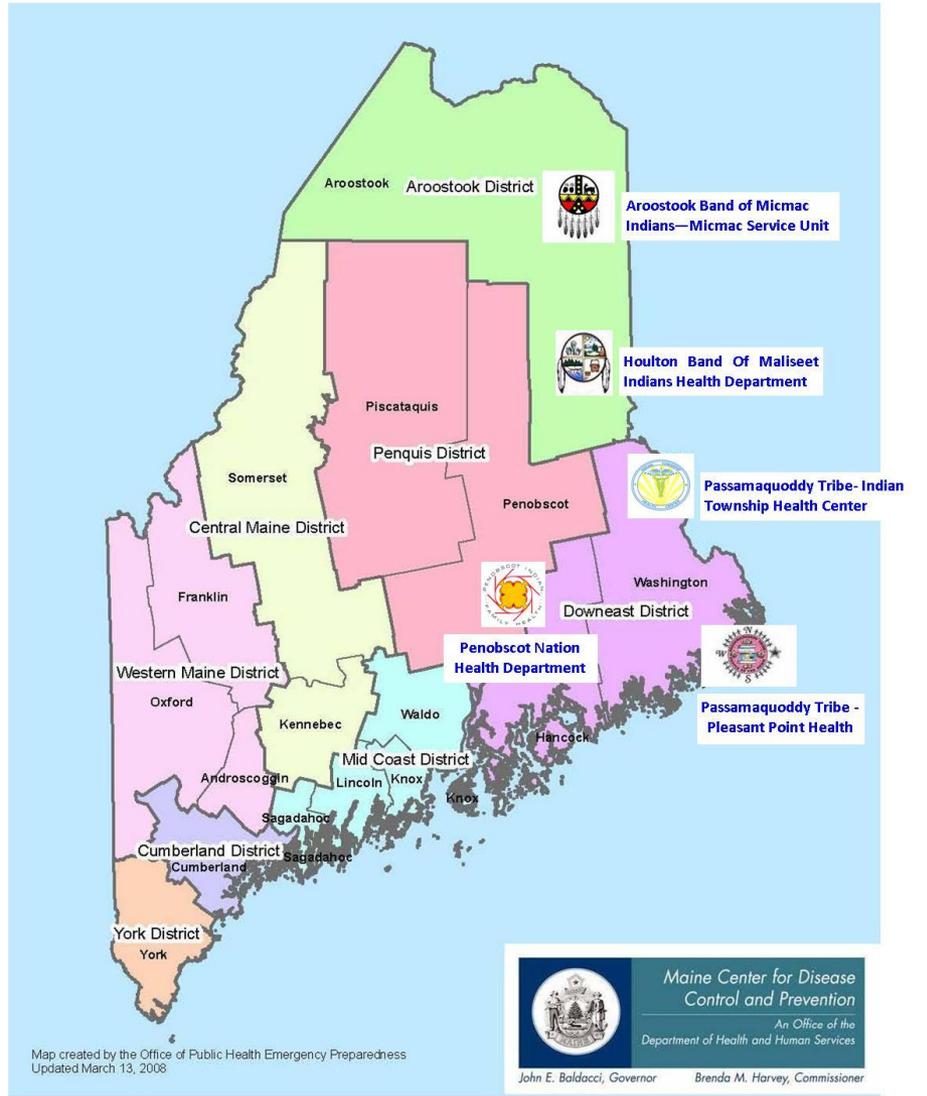
- Streamlined and clarified LHO appointment and duties

## **2008: LD 1363 signed into state law**

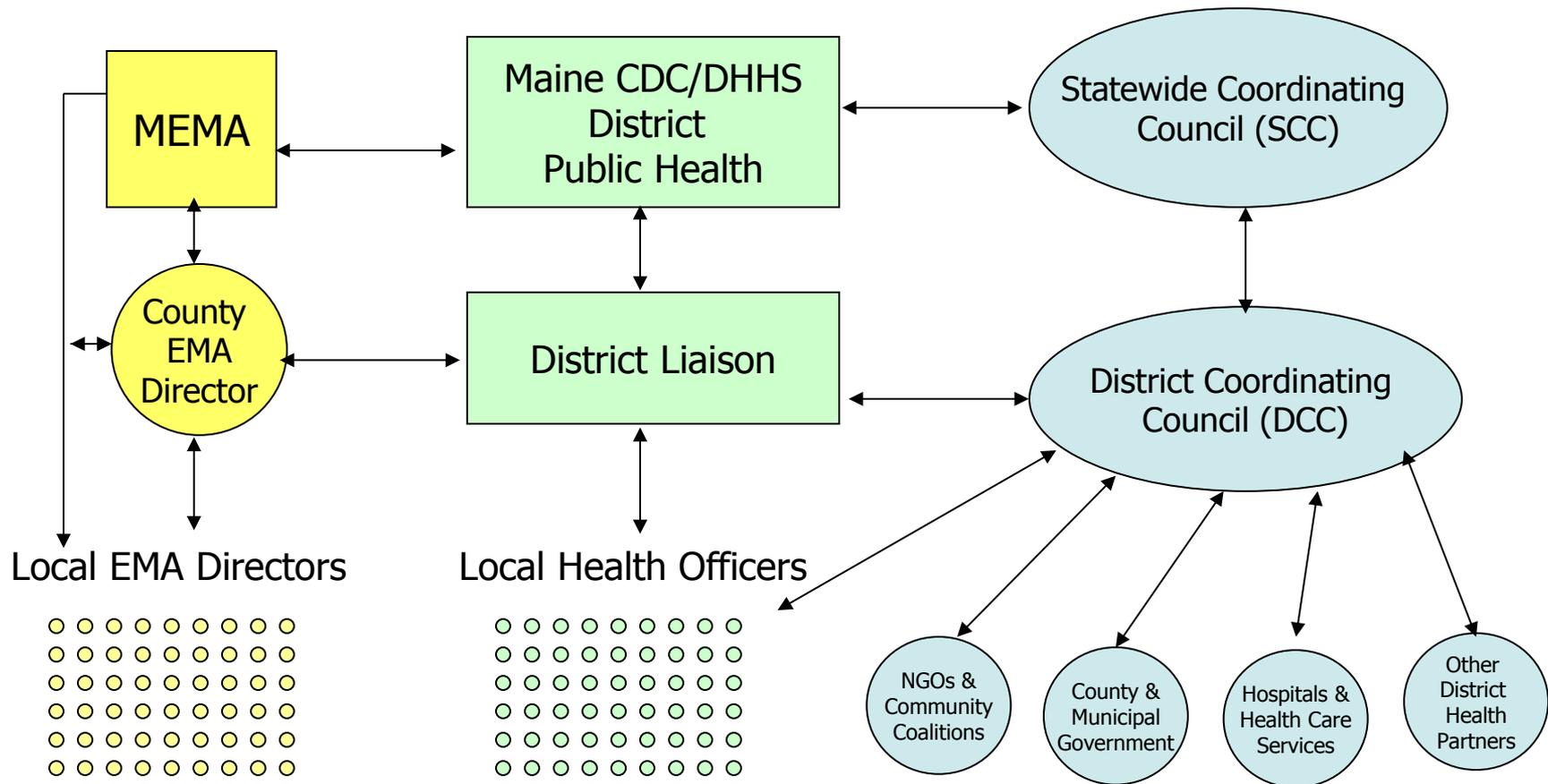
- LD 1363 codifies recommendations of the PHWG and elements of the local public health infrastructure, i.e. Local Health Officers, District Coordinating Councils (DCCs) etc....
- PHWG continues as State Coordinating Council (SCC)

## **2011: added Tribal Public Health District to Title 22 MRS §412**

# Maine DHHS Districts and Tribal Public Health District



# Maine's Public Health Infrastructure: A Simplified View



# SCC Purpose: Title 22 MRS §412

**6. Statewide Coordinating Council for Public Health.** 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.

A. The Statewide Coordinating Council for Public Health shall:

- (1) Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation;
- (4) 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;
- (5) Receive reports from the tribal district coordinating council for public health regarding readiness for tribal public health systems for accreditation if offered; and
- (6) Participate as appropriate and as resources permit to help support tribal public health systems to prepare for and maintain accreditation if assistance is requested from any tribe.

<http://legislature.maine.gov/statutes/22/title22sec412.html>

# A Decade Later: Redefining Public Health Infrastructure

## **Redefinition of the Public Health Infrastructure and changing policy landscape**

- DHHS Investment in District Coordinating Councils and District Public Health
- Public Health aligning with clinical providers to improve health outcomes ( e.g., Accountable Care Communities)
- Shared Health Needs Assessment and Planning Process (SHNAPP): focused collaboration of governmental public health with hospital system partners to achieve greater outcomes
- Affordable Care Act and impact of potential changes
- Two Public Health Advisory Board accredited health departments in the State

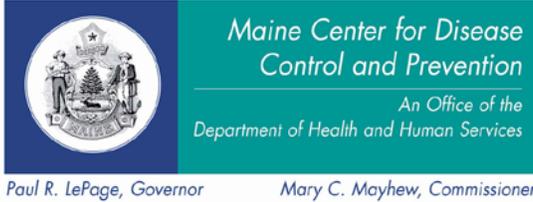
## **Redefinition of Governing Structure for the SCC -- adapting to meet the challenges of a changing landscape**

- Better use of resources around the SCC table
- Renewed focus on the “public health system” and alignment with legislative purpose

# Thank You

Jessica Fogg, MPA  
Penquis District Public Health Liaison  
[Jessica.Fogg@maine.gov](mailto:Jessica.Fogg@maine.gov)

James Markiewicz  
Deputy Chief, District Public Health  
[James.Markiewicz@maine.gov](mailto:James.Markiewicz@maine.gov)



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STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH  
PROPOSED MEETING SCHEDULE  
FALL 2016 THROUGH 2017

STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH MEETINGS

DECEMBER 15, 2016 – 11:00 – 2:00  
MARCH 16, 2017 – 10:00 – 1:00  
JUNE 15, 2017 – 10:00 – 1:00  
SEPTEMBER 21, 2017 – 10:00 – 1:00  
DECEMBER 21, 2017 – 10:00 – 1:00

# State Health Improvement Plan



*Paul R. LePage, Governor*

*Mary C. Mayhew, Commissioner*

# The State Health Improvement Plan

- Current plan is for June 2013 – July 2017
  - Developed in 2013-14, implementation started in late 2014
  - Reports for first two years on Maine CDC's website
  - Implementation for third year has begun
  - <http://www.maine.gov/dhhs/mecdc/ship/>

# The State Health Improvement Plan

- **Priorities:**

Categorical	Infrastructure
Diabetes	Inform, Educate and Empower the Public (Essential Public Health Service # 3)
Immunizations	
Obesity	
Substance Abuse and Mental Health	Mobilize Community Partnerships (Essential Public Health Service # 4)
Tobacco	

# SHIP 2013-2017

- Successes:
  - Immunization:
    - Increased rates, via universal Vaccines for Children program and increased enrollment in ImmPact.
    - Streamlined school billing for influenza vaccinations.
  - Substance Abuse and Mental Health
    - Mental Health First Aid training across the state.
    - Increased rates of developmental screening for young children.
    - New billing codes in MaineCare increased behavioral health screening.
  - Inform, Educate and Empower the Public:
    - Cultural competency and plain language training across the state.

# SHIP 2013-2017

## Year 2

- Successes:
  - Diabetes:
    - Exceeded goals for participation in the national Diabetes Prevention Program by 84%.
    - Over 700 people with diabetes received diabetes self-management training.
  - Obesity
    - Over 750 sites participating in *Lets Go!* messaging.
    - 76% of participating schools have eliminated or limited sugary beverages.
    - Over 9,000 WIC participants accessed farmers' markets.
    - 474 Rural Active Living Assessments completed.

# SHIP 2013-2017

## Year 2

- Successes:
  - Tobacco:
    - Over 5000 referral from providers to the Maine Tobacco Help Line.
    - 42 outreach sessions conducted with providers that currently serve populations with health disparities.
    - 209 youth and 48 adult allies trained to create awareness among their peers and change on tobacco policies and environments.
  - Mobilize Communities
    - All District Coordinating Councils have at least 17 sectors represented in their membership.
    - Over 3000 people attended community engagement events that were part of the Shared Health Needs Assessment and Planning Process.

# SHIP 2013-2017

- Challenges thus far:
  - Measures for Outcomes are always delayed.
  - Improvement is needed in process measures.
    - Measures improved in year 2.
  - Documentation of work of partners is limited, except where Maine CDC funded activities.
  - Objectives in some areas were ambitious, beyond the existing resources.
    - Some objectives were dropped in the third year of implementation.

# Accreditation Requirements: version 1.5

- Standard 5.2: Conduct a comprehensive planning process resulting in a state health improvement plan.
  1. Planning process that includes:
    - a. Broad participation of community partners
    - b. Information from community health assessments
    - c. Issues and themes identified by stakeholders in the community
    - d. Identification of community assets and resources
    - e. A process to set health priorities

# Accreditation Requirements: version 1.5

- Standard 5.2: Conduct a comprehensive planning process resulting in a state health improvement plan.
2. State health improvement plan that includes:
- a. Desired measurable outcomes or indicators of health improvement and priorities for action
  - b. Policy changes needed to accomplish health objectives
  - c. Individuals and organizations that have accepted responsibility for implementing strategies
  - d. Consideration of Tribal, local, and national priorities

# Accreditation Requirements: version 1.5

- Standard 5.2: Conduct a comprehensive planning process resulting in a state health improvement plan.
3. – Process to track actions taken to implement strategies in the SHIP
    - Implementation of the plan
  4. – Report on progress made in implementing strategies in the SHIP
    - Review and revision, as necessary, of the SHIP strategies based on results of the assessment

# The State Health Improvement Plan

- New SHIP under development
  - July 2017 – June 2020
  - Improvements:
    - More community partner involvement.
    - Stronger connection to the District Public Health Improvement Plans.
    - Clear process measures from the beginning.
    - Objectives that clearly reflect priorities and resources.

# The State Health Improvement Plan

- New SHIP under development
  - Will include District Public Health Improvement Plans
  - SCC will select priorities considering:
    - DPHIP priorities
    - 2016 Shared CHNA
    - Assets and resources

# DPHIP Priorities

- **Aroostook**
  - **Obesity**
  - **Drug and Alcohol Abuse**
  - Cardiovascular Disease
- **Central *draft***
  - **Substance Abuse & Mental Health**
  - Adverse Childhood Experiences
  - **Obesity/Physical Activity & Nutrition**
  - Oral Health

# DPHIP Priorities

- **Cumberland**
  - **Substance Use**
  - **Healthy Weight**
  - Oral Health
  - Care for Children 0-6
- **Downeast**
  - Cardiovascular disease through **Food Security, Nutrition, and Physical Activity**
  - **Alcohol and Drug Use**
  - **Mental Health** (focus on early childhood and school aged children)

# DPHIP Priorities

- **Midcoast**
  - Elevated Lead Levels
  - **Mental Health**
  - **Obesity**
- **Penquis**
  - **Drug & Alcohol Abuse and Tobacco**
  - **Food Security, Obesity, Physical Activity, and Nutrition**
  - **Access to Behavioral Care/Mental Healthcare**
  - Poverty

# DPHIP Priorities

- **Wabanaki**
  - **Substance Use Disorder** which incorporates tobacco and alcohol
  - **Mental Health**
  - Health Across the Lifespan primarily on youth prevention and early intervention, as well as improved services for Elders
- **Western**
  - **Substance Abuse**
  - **Mental Health/Depression**
  - **Obesity/Physical Activity/Nutrition**
- **York**
  - Oral Health
  - **Substance Abuse**
  - **Nutrition & Obesity**

# Other Suggested Criteria

- **Data driven**
- **Strengthen/assure accountability**
- **Maximize impact and optimize limited resources**
- **Best addressed at the state level**
- **Gaps in prevention services**
- **Focus on prevention**
- **Involve multiple sectors**
- **Stakeholder support**
- **Address health disparities**

# SHIP – Next Steps

- Finalize District Public Health Improvement Plans
- SCC members and other participants identify possible State-wide strategies and measures before the next SCC meeting
- At the March SCC meeting, we will work in smaller groups to:
  - Develop SHIP strategies and measures
  - Identify partners
  - Outline activities and timelines

# Questions?

Nancy Birkhimer,  
Accreditation and Performance Improvement  
Nancy.birkhimer@maine.gov



*Paul R. LePage, Governor*

*Mary C. Mayhew, Commissioner*



# Statewide Coordinating Council for Public Health District Coordinating Council Update

<b>District: Tribal District</b>	<b>Date: 12/15/16</b>
<p><b>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:</b>  <a href="http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml">http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</a></p> <p>The latest DCC Meeting was held on October 21, 2016</p>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>• Wabanaki Public Health has been chosen to carry out prevention work for the Tribal District under all four domains: Substance Abuse, Tobacco, Obesity/Physical Activity, and Youth Engagement. They are currently awaiting final contracts with vendors before work can begin.</li> <li>• District website development in process</li> <li>• Completion of three Tribal Community Health Improvement Plans: Houlton Band of Maliseets, Aroostook Band of Micmac and the Penobscot Nation</li> </ul>	
<p><b>Progress with District Public Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>• Multi-pronged approach used to identify and support priority areas for DPHIP</li> <li>• Top three priorities chosen by full DCC on 10/21/16 –Mental Health, Substance Use Disorder, and Health Across the Lifespan</li> <li>• Draft DPHIP has been completed and approved by the Executive Committee on 12/7/16, will be presented to full DCC for final approval on 12/16/16.</li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b></p> <ul style="list-style-type: none"> <li>• District Coordinator Work plan developed and approved by Executive Committee</li> <li>• District Communication Plan has been completed based on template developed by CDC staff</li> <li>• DL and DC participating in District SOP workgroup, in process of developing Tribal District SOPs</li> </ul>	
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>• District Liaison continues to attend Penquis, Downeast, and Aroostook DCC meetings, taking part in their DPHIP planning process.</li> <li>• In-District Collaboration: Tribal Health Centers continue to partner with Diversion Alert and Husson University on the Rural Opioid Overdose Reversals Program.</li> <li>• The Tribal District is collaborating with the Aroostook Band of Micmac’s Healthy Communities Grant from Maine Health Access Foundation which was just funded for the Implementation Phase, which includes the hiring for a Community Health Navigator for the Tribe.</li> </ul>	

Tribal District

1

12/15/16

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 22 M.R.S. §412 (2011).

A. A district coordinating council for public health shall:

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

### Other topics of interest for SCC members:

- SAMHSA, HRSA, and Region I HHS will be attending the upcoming DCC meeting to discuss needs of tribal communities, and Public Health Improvement Plan Priorities.
- Presentations on Tribal Health Disparities and work of the District at Maine Minority Health Conference and USM.

Tribal District

2

12/15/16

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

**District: York District**

**Date: 12/15/2016**

For agendas and copies of minutes, please see district's website at:  
<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml>

***Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting:***

The York District Executive Committee continues to meet regularly. The DCC has begun the process to select new district priorities. New district priorities have been selected, the Council voted on these priorities in September.

***Ongoing or upcoming projects or priority issues:***

The District continues to work on DPHIP development. The priority areas selected are Oral Health, Nutrition and Obesity, and Substance Misuse. DPHIP will be finalized by the end of December. The DCC is entering into the Vendor Selection Process to select vendors who will implement these projects January to June 2017.

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

The DPHIP priorities have been selected, two page funding requests have been sent to Maine CDC, and received back to the Council for minor changes. Changes are in the process of being made, and will be sent back for final approval from Maine CDC in the next few days.

***Structural and Operational changes, including updates in membership:***

**Membership agreements have been written and are in the process of being signed. Communications plan is being drafted, and SOPs will be drafted in 2017.**

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

York District, in collaboration with Cumberland Council, planned a full scale Emergency Preparedness exercise which happened on October 19<sup>th</sup>. The exercise helped to increase the capacity of York District to respond to and prepare for public health emergencies. This collaboration occurred between the York District Health Council and the UNE College of Medicine, strengthening the medical student's understanding of public health.

***Other topics of interest for SCC members:***

**22 M.R.S. §412 (2011).**

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

**District: Cumberland District**

**Date: 12/15/2016**

**For agendas and copies of minutes, please see district's website at:**  
<http://portlandmaine.gov/218/Cumberland-District-Public-Health-Council>

***Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting:***

The Cumberland District Executive Committee has been meeting with increased frequency during the DPHIP development process. Bylaws have been updated and are ready for final approval by the DCC at its January meeting. The district-wide DPHIP priorities have been identified and approved, along with a draft RFP process for eventual disbursement of funds.

The last full council meeting had the following highlights:

- Orientation for new DCC members
- Discussion of the DPHIP priorities, goals and objectives
- Recruitment of content experts for priority work groups tasked with further development of priority work plans

Also of note:

- Planning for the DCC's annual legislative breakfast began

***Ongoing or upcoming projects or priority issues:***

Prevention Services sub-contractor awards for Cumberland District were announced. The recipients are as follows: Domain 1/Substance Use: City of Portland, Casco Bay CAN, Access Health and The Opportunity Alliance; Domain 2/Tobacco: City of Portland; and Domain 3/Obesity: City of Portland.

As described in the previous section, district-level work continued regarding the DPHIP process and related deliverables.

# Statewide Coordinating Council for Public Health District Coordinating Council Update

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

The District continues to work on DPHIP development. Priorities were selected through a participatory process that drew upon SHNAPP and CHNA findings. Four priorities have been selected: Substance Use Prevention, Healthy Weight, Oral Health and Care for Children 0-6 years. The district is on schedule to submit draft work plans to the Maine CDC for feedback and approval, and subsequently to complete the DPHIP report due by the end of December.

## *Structural and Operational changes, including updates in membership:*

A gap analysis process was conducted by an ad-hoc working group comprising the DCC Chair, the Chair of the Membership Committee, the DC and the DL. As a result, a plan was made to approach individuals from specific sectors to invite them to join the DCC. As part of these continuing efforts to broaden sector representation, the Council elected and provided orientation for 9 new members at the November full Council meeting. Newest elected members include representatives from both incumbent and new organizations include Portland Water District, Cumberland County Food Security Council, and a Consultant specializing in substance use prevention, trauma-informed communities, and restorative practice policy work.

DCC bylaws have been reviewed and updated, and will be finalized pending Council approval at the next full Council meeting scheduled for January.

Clarity was provided to the Cumberland and to MidCoast Districts regarding allocation of DPHIP funding in regards to the towns of Brunswick and Harpswell. For the DPHIP, they are part of the Cumberland District and its DPHIP priorities, and associated funding. DPHIP funds allocated to the Midcoast DCC are to be used for (Midcoast) District priorities work within Lincoln, Knox, Sagadahoc and Waldo Counties.

Moving forward, Access Health, located in Brunswick, will continue to participate in both CDPHC and in the Midcoast District Coordinating Council (MC-DCC).

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

District Liaisons and Coordinators have discussed and exchanged sample documents and templates across districts for development of contract deliverables under the DPHIP process. Monthly conference calls also provide a space for DLs and DCs to discuss specific deliverables.

# Statewide Coordinating Council for Public Health District Coordinating Council Update

## Other topics of interest for SCC members:

N/A

### 22 M.R.S. §412 (2011).

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

**District: Western**

**Date: December 15, 2016**

For agendas and copies of minutes, please see district's website at:  
<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml>

***Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting:***

District Coordinator work plan

District Public Health Improvement Plan

New officers (Chair and vice chair)

Bylaws review

***Ongoing or upcoming projects or priority issues:***

District Public Health Improvement Plan (to be approved on December 9<sup>th</sup>)  
Priorities: Substance Use Disorder, Mental Health and Obesity  
Strategic Approach: Address root cause of poor adult health outcomes (ACEs - adverse childhood experiences)

DCC communications plan and Standard Operating Procedures

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

DPHIP is almost completed (to be approved on December 9<sup>th</sup>)  
Priorities: Substance Use Disorder, Mental Health and Obesity  
Strategic Approach: Address root cause of poor adult health outcomes (ACEs - adverse childhood experiences)

***Structural and Operational changes, including updates in membership:***

DPHIP plan committee identified individuals and organizations to recruit to increase

# Statewide Coordinating Council for Public Health District Coordinating Council Update

membership. Organizations with an interest in children were the focus, for example Franklin County Children’s Task Force, and the United Way.

New Chair and Vice Chair – to be voted on December 9<sup>th</sup> DCC meeting

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

Increased membership as a result of DPHIP planning – increased DCC’s commitment to collaboration and alignment of work.

### *Other topics of interest for SCC members:*

WDCC members are partnering to move forward with combatting generational poverty and the population level impacts it has. One effort includes the Bridges out of Poverty Model which works to reduce the social costs of poverty, strengthening the workforce, and building more prosperous and sustainable communities. Current efforts include training community partners and members on the model and providing partnership learning opportunities with individuals living in generational poverty. The model has a strong healthcare component that will be woven in as the effort unfolds that will help public health organizations and communities: Increase community and health-sector awareness of poverty and community environments as a social determinant of health; Work together across organizational boundaries for environments that are safe, stable, and resourced; Bring all stakeholders—community sectors and individuals in poverty—together at the planning stage to develop new practices for a healthier community.

#### 22 M.R.S. §412 (2011).

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# Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2015 (CTG Section Removed)

**District: Mid Coast**

**Date: December 15, 2016**

**Brief review of decisions and outcomes from Steering Committee and District Coordinating Council (DCC) meetings held since last Statewide Coordinating Council (SCC) meeting. For agendas and copies of minutes, please see District's website at: <http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district4/index.shtml>**

## **District Coordinating Council (DCC) Meetings**

### **September 20<sup>th</sup> at Knox County Emergency Management Agency (EMA), Rockland**

- Summary of hospital implementation strategies and social determinants of health
- Review District Public Health Improvement Plan (DPHIP) planning process
- Breakout group brainstorming for each of the health priorities up for consideration

### **October DPHIP Priorities Teleconferences (10/12, 10/13, 10/17, 10/19)**

- Discuss and brainstorm realistic goals, objectives, and strategies for each health priority

### **November 1<sup>st</sup> at Knox County EMA, Rockland**

- Review proposed goals, strategies, and objectives for five health priorities
- Selection of final three priorities for DPHIP:
  - Mental health
  - Elevated blood lead levels
  - Obesity
- Tobacco Use and Substance Abuse included in DPHIP appendix as areas of concern

### **December 13<sup>th</sup> at Knox County EMA, Rockland – Meeting Agenda\***

- DPHIP review and approval
- Bylaws review and approval
- DPHIP Selection Process review and approval
- Review Membership Gap Analysis, and solicit member nominations
- Prevention Services sub recipient updates

**DCC Meetings for 2017 - February 14<sup>th</sup>, April 11<sup>th</sup>, June 13<sup>th</sup>, September 12<sup>th</sup>, November 14<sup>th</sup>**

*\*Agenda items, not decisions and outcomes, are listed for the December 13<sup>th</sup> meeting - DCC Update submitted to the SCC prior to the December 13<sup>th</sup> DCC meeting.*

- (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
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# Statewide Coordinating Council for Public Health District Coordinating Council Update

## Steering Committee Meetings:

- **October 25 at Spectrum Generations**
  - Update from District Sub-Recipients
  - Review and refine DPHIP goals, objectives, and strategies
  - Review Bylaws
- **November 15 at Spectrum Generations**
  - Review DPHIP draft
  - Review and discuss District Funding Selection Process
  - Discuss Council and staff roles, responsibilities, and relationships

## Ongoing or upcoming projects or priority issues:

- Develop funding proposals consistent with DPHIP priorities
- Implement and monitor 1<sup>st</sup> year DPHIP assessments and projects

## Progress with District Public Health Improvement Plan:

- DPHIP final three priorities selected at special district council meeting in November.
- DPHIP work groups refined goals, objectives, and strategies for each priority.
- Final three priorities include mental health, obesity, and elevated blood lead levels.
- DPHIP funding mechanism to be finalized for December council meeting.

## Structural and Operational changes, including updates in membership.

- District Coordinator started in September
- Work Plan Update
  - Membership Gap Analysis Completed
  - Bylaws reviewed and amended based on template (to be approved 12/2016)
  - Communication Operating Procedures completed (to be reviewed and approved 12/2016)
  - Quarter One Report completed and on time.
- Current District Coordinator leaving January 6, 2017. Position advertised with interviews in early January, 2017.

## In-district or multi-district collaborations:

- Collaboration opportunities continue to be a standing DCC agenda item.

## Shared Health Needs Assessment and Planning Process (SHNAPP):

- Hospital Implementation Strategies completed.
- DPHIP prioritization completed.

## Other topics of interest for SCC members:

MidCoast District

Page 2 of 2

December 15, 2016

22 M.R.S. §412 (2011).

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# Statewide Coordinating Council for Public Health District Coordinating Council Update

**District: Central**

**Date: December 15, 2016**

**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 25 DCC meeting we heard updates from our SCC Representative, DCC workgroups, the Statewide Prevention Services contract vendors, and meeting attendees. Reid Plimpton from Maine CDC gave a presentation on the Maine Integrated Youth Health Survey results and uses; and we discussed ways to maximize participation by schools in the district. We then reviewed and discussed the preliminary 2016-19 District Public Health Improvement Plan (DPHIP) priorities and had attendees select final priorities which were Substance Use/Mental Health, Adverse Childhood Experiences, Obesity/Physical Activity/Nutrition, and Oral Health.

**Ongoing or upcoming projects or priority issues:** refining district priorities/choosing strategies for this new 2016-19 DPHIP cycle; coordination with hospital Implementation Strategies; MGMC/District Oral Health Implementation Grant and increasing/sustaining resources for community health workers; district transportation services, gaps, and volunteer efforts; recruiting/maintaining sector membership; coordinating with district recipients for the Statewide Prevention Services contracts; vulnerable populations HAN; real-time mapping of district resources; ongoing sustainability of successful initiatives.

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

- ▶ Use Central District Public Health Unit updates and DCC website to communicate important information to DCC, LHOs, and partners – ongoing task with updates going out weekly as needed
- ▶ Establish and implement DCC Vaccination Work Group and communication network – ongoing
- ▶ Oral Health Workgroup – funder meetings this quarter and outreach using new Community Health Worker (CHW) to assist priority populations with health care navigation and overcoming barriers
- ▶ Mental Health & Substance Abuse Workgroup – met before the October DCC meeting to discuss needs and recommendations for the new DPHIP and continued to discuss creating a Recovery Coalition

*Successes achieved*

- ▶ Awarded 4-year Maine Oral Health Funders implementation grant to prevent dental disease in children, focusing on expansion of oral health care in district clinical settings for children up to age nine and adding a Community Health Worker to work in the northern part of the district on oral health improvement, primarily with low socioeconomic status parents
- ▶ Collaboration on MGMC PICH grant focused on chronic disease prevention in district medical settings and in geographical areas with especially low socioeconomic status

*Barriers encountered*

- ▶ Recruiting parents to give input and advise the Oral Health Grant workplan; funding to have CHW coverage for entire district
- ▶ Staff/volunteer resources for data/intervention analysis, implementation, and workgroup support

**Structural and Operational changes, including updates in membership:** implementing new Lead Fiscal Agent/District Coordinator structure; ongoing review of membership and adjusting to turnover/filling gaps in sector representation; filling school nurse gaps in Vaccination Workgroup coverage

**In-district or multi-district collaborations:** Oral Health Grant; MGMC PICH Grant; Senior Transportation and Neighbors Driving Neighbors pilot; 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 some work identified by the DCC.

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# Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

<b>District: Penquis District</b>	<b>Date: December 12, 2016</b>
<p>Brief review of decisions and outcomes from Steering Committee and DCC meetings held since last SCC meeting.</p>	
<p><b>Lead Fiscal Agent DCC workplan updates:</b> Bangor Public Health and Community Services continues to lead the District Coordinating Council workplan and outcomes. In October, the Steering Committee approved a work plan progress tracking system to ensure all District deliverables are met. The Steering Committee also submitted bylaws, according to MCDC guidance, to the Bylaw Review Committee. Bylaws will be edited accordingly and submitted by December 31<sup>st</sup>. Additionally, the Steering Committee approved a Communication Plan developed by Celia Demos, Penquis District Coordinator, and will submit the plan by December 31<sup>st</sup>. In November, the Steering Committee drafted the Penquis District Public Health Improvement Plan, DPHIP, to be reviewed and approved by the full DCC Council. In December, the DPHIP Funding Request document and the DPHIP was submitted to the MCDC for review and approval. When feedback is received, the Steering Committee will review and edit as necessary to submit the DPHIP by the December 31<sup>st</sup> deadline. The City of Bangor anticipates that all contract deliverables will be met for Q2.</p>	
<p><b>District Level Prevention Services Application:</b> Per MCDC guidance, the Penquis DCC Selection Committee used established criteria and processes to determine local implementation partners in the Penquis district. The Selection Committee provided a list of recommended sub-recipients to the MCDC to be included in list packets to Statewide Prevention Services Vendors – MaineHealth, Let’s Go!, University of New England (UNE), and The Opportunity Alliance. MaineHealth, Let’s Go!, and the University of New England chose the City of Bangor as a local prevention provider of tobacco, obesity, and substance abuse programming. The Opportunity Alliance, chose The River Coalition to implement youth prevention programming. At this time, work plans and contracts have not been finalized or communicated to the full Penquis DCC Council.</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> <li>➤ Complete deliverables as outlined in LFA work plan.</li> <li>➤ Finalize and submit to the MCDC Penquis DPHIP.</li> <li>➤ Finalize and submit to the MCDC Penquis DCC Bylaws.</li> <li>➤ Finalize and submit to the MCDC the Penquis DCC Communication Plan.</li> <li>➤ In collaboration with MCDC and City of Bangor, develop process and procedures for distributing DPHIP funds to local organizations with the capacity to implement DPHIP strategies and objectives.</li> <li>➤ Recruit for Penquis DCC Steering Committee</li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b></p>	
<p><b>New members:</b> Laura Morris, Healthy Sebasticook Valley</p>	



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

Lorraine Rodgerson, Charles A. Dean Memorial Hospital  
Bre Graffam, Charles A. Dean Memorial Hospital  
Jim Mello, Blue Sky Counseling  
Fr. Augustine Nellary, St. Joseph Healthcare

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

- Partnership to Improve Community Health grant with EMHS, multi-district
- Save a Life Drug Task Force, Lincoln
- Community Health Leadership Board, Greater Bangor
- Thriving in Place (MeHAF Grant Initiative), Millinocket, Old Town, Orono, Veazie, Dover-Foxcroft,
- Healthy Communities (MeHAF Grant Initiative), Dover-Foxcroft, Bangor

### **Other topics of interest for SCC members:**

**None to report**



# Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2015 (CTG section removed)

**District: Down East**

**Date: December 6, 2016**

**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: [www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district7/](http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district7/) [www.downeastpublichealth.wordpress.com](http://www.downeastpublichealth.wordpress.com) (document archive)**

## **District Public Health Council Meetings**

- September 23, 2016 – 20 attending in Milbridge
  - Agenda: DPHIP, SHNAPP, Food Security, Obesity, Mental Health, Substance Use
- November 18, 2016 – 10 attending in Ellsworth, 8 in Machias
  - Agenda: DPHIP, Membership, Bylaws, Funding, Updates

**2017 Meeting Schedule: Jan 27, Mar 24, May 26, Jul 28, Sep 22, Nov 17**

## **Executive Committee Meetings**

- October 28<sup>th</sup> Conference Call Sub-recipient awards, DPHIP, Workplan, Communications, Bylaws
- December 16<sup>th</sup> Conference Call Bylaws, Communications Plan, SOP, DPHIP, Grants

## **Ongoing or upcoming projects or priority issues:**

- Cardiovascular Health: Food Security, Obesity, Nutrition and Physical Activity
  - Know Your Numbers Screening Events by district healthcare providers
  - National Diabetes Prevention Program Lifestyle Coaching Sites
  - Obesity Prevention Services funding through Let's Go will support work in ECEs and schools
  - Stanford Chronic Disease Self-Management Trainings
- Drug and Alcohol Use
  - Substance Prevention Services funding from Statewide Prevention Funding
  - Downeast Substance Treatment Network designing Hub-and-Spoke model program
  - Stanford Chronic Pain Self-Management Trainings
  - Washington County Substance Use Response Collaborative
- Mental Health

Downeast District

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December 6, 2016

<sup>1</sup>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

### **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



# Statewide Coordinating Council for Public Health District Coordinating Council Update

- Youth Engagement Service from Statewide Prevention Funding
- Tobacco
  - Tobacco Use Prevention Services through Statewide Prevention Funding
  - Maine Cancer Foundation grant for Washington County Cancer Patient Navigator position

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

- Selected Priorities
- Refined goals, objectives and strategies
- Prepared draft DPHIP for approval in December, 2016

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

- District Coordinator started in September
- Prepared and adopted workplan, DEPHC Bylaws
- Prepared draft Communications Plan, draft Standard Operating Procedures
- Updated membership including completion of member and alternate forms and gap analysis
- All documents posted to Downeast District website [www.downeastpublichealth.wordpress.com](http://www.downeastpublichealth.wordpress.com)

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

- Ongoing Gay Straight Alliance project in Washington County for supporting schools in creating safe environments for students.
- Maine Health Access Foundation has active funding projects in Achieving Better Health in Communities and Thriving in Place.
- Aging Task Force work in both counties.
- Substance Use/Treatment Networks in both counties on treatment gaps and prevention.
- Food Council work in both counties.

## **Shared Health Needs Assessment and Planning Process (SHNAPP):**

- DL presented SHNAPP findings to DEPHC
- Conducted analysis comparing partner implementation strategies

## **Other topics of interest for SCC members:**

- None-noted for December, 2016



# Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

<b>District: Aroostook District</b>	<b>Date: December 12, 2016</b>
<p><b>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:</b>  <a href="http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml">http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</a></p> <ul style="list-style-type: none"> <li>➤ DCC bylaws revisions to match model bylaws, approved by Steering Committee 12/07/16</li> <li>➤ Dates of note in Aroostook District:               <ul style="list-style-type: none"> <li>10/05/16,11/14/16,12/07/16 Aroostook DCC Steering Committee Meeting</li> <li>11/02/16 Aroostook DCC Meeting</li> </ul> </li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>➤ Continue District Public Health Improvement Plan Ad hoc meetings convened and adjourned</li> <li>➤ Nutrition and Healthy Weight Ad Hoc Meetings: 10/11/16, 10/28/16, 11/18/16, 11/28/16,12/7/16</li> <li>➤ Substance and Alcohol Abuse Ad Hoc Meetings: 10/17/16, 11/03/16, 11/17/16, 12/15/16</li> <li>➤ Cardiovascular Health Ad Hoc Meetings: 10/12/16, 10/25/16, 11/16/16, 11/30/16</li> </ul>	
<p><b>Progress with District Public Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>➤ Ad Hoc committees created Priority, Goal and Strategy statements during their scheduled meetings.</li> <li>➤ Full DCC review completed Priority and Goal Statements submitted by the ad hoc committees and supplied feedback.</li> <li>➤ Steering Committee weighed in on statements submitted by ad hoc committees. Steering Committee is currently preparing DPHIP for final submission and reviews.</li> <li>➤ All quarterly reports submitted on time.</li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b></p>	
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>➤ District Coordinator participated and facilitated DC/DL Bylaws committee. Created cover letter for districts to submit district bylaws updates. Participated in review and feedback of all district bylaw reviews.</li> </ul>	
<p><b>Other topics of interest for SCC members:</b></p>	

District Name : Aroostook

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22 M.R.S. §412 (2011).

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