



Paul R. LePage, Governor

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## STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH MARCH 17, 2016

### AGENDA

11:00-2:00 PM

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

(Light refreshments will be provided, but please feel free to bring your lunch.)

- 11:00** Welcome, Review Agenda (*Ken Albert and Jim Davis*)
- 11:05** Introductions
- 11:15** SHNAPP Summary Presentation of Outcomes/Common Themes from Community Engagement Forums (*Nancy Birkhimer and Jayne Harper*)
- 12:15** Break
- 12:35** SCC/DCC Engagement Forum (*Nancy and Jayne*)
- 1:20** SCC/DCC Debriefing for Health Improvement Planning (*Nancy and Jayne*)
- 1:45** Next Steps
- 2:00** Adjourn

#### *Purpose of the SCC*

*The Statewide Coordinating Council for Public Health, established under Title 5, section 12004-G, subsection 14-G, is a representative statewide body of public health stakeholders for collaborative public health planning and coordination. The Statewide Coordinating Council for Public Health shall:*

- *Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation;*
- *Assist the Maine Center for Disease Control and Prevention in planning for the essential public health services and resources to be provided in each district and across the State in the most efficient, effective and evidence-based manner possible.*



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**Statewide Coordinating Council for Public Health**  
**Meeting Minutes for December 17, 2015 11:00 am to 2:00 pm**  
**Augusta Armory, Room 209, 179 Western Avenue, Augusta, ME**

**In attendance:**

Members

Kenneth Albert, Helen Burlock, Meg Callaway, Andy Coburn, Jim Davis, Kristen Dow, Nancy Dube, Patricia Duguay, Jaki Ellis, Jennifer Gunderman-King, Joanne Joy, Betsy Kelly, Joanne LeBrun, Robin Mayo (via Adobe), Doug Michael, Geoff Miller, Bill Primmerman, Abdulkerim Said, Toho Soma and Martha Webster (via Adobe)

Others

James Markiewicz, Jamie Paul, Adam Hartwig, Jamie Comstock (via Adobe), Al May, Jessica Fogg (via Adobe), Nancy Beardsley, Lori Wolanski, Tara Smith (via Adobe), Deb Wigand, Stacy Boucher, Paula Thomson, Mallory Shaunessy, Kate Perkins (via Adobe), Lisa Sockabasin, Charles Dwyer (via Adobe), Maggie Campbell, Robin Carr (via Adobe), Raya Kouletsis (via Adobe), Marietta D'Agostino, Scott Gagnon

**SCC Meeting Convenes.** Jim Davis and Ken Albert brought the meeting to order and reviewed the Agenda, followed by introduction of meeting attendees.

**Marijuana in ME: The Latest on Legalization and Education Initiatives.** Scott Gagon, State Director of SAM (Smart Approaches to Marijuana) presented on the prevalence, policy and promotion of marijuana in Maine. Some highlights of the presentation:

- SAM Maine's four goals:
  - To inform public policy with the science of today's marijuana
  - To prevent the establishment of "Big Marijuana" and a 21<sup>st</sup> Century tobacco industry that would market marijuana to children
  - To promote research of marijuana's medical properties and to produce non-smoked, non-psychoactive pharmacy-attainable medications
  - To have an adult conversation about reducing unintended consequences of current marijuana policies
  
- "Marijuana in the New Millennium" was a Summit held recently in Maine where participants were asked to prioritize 3 intervening variables and discuss the local conditions associated with the variables. They were then asked what's happening to address this, what resources or materials should be shared with others, and what needs to happen to address the conditions. From the Summit:

- Marijuana certifications are being issued to pregnant women
  - “Marijuana is considered the least harmful drug”
  - Schools are experiencing issues with marijuana and are seeking guidance on policy and training.
- Some data presented from legalization of marijuana in Colorado:
    - Marijuana-related traffic deaths increased 92% from 2010-2014
    - Ranked 3<sup>rd</sup> in the nation for youth considered current marijuana users (11.16% of youth ages 12-17 are considered current users)
    - Ranked 2<sup>nd</sup> in the nation for adults considered current marijuana users (29% of college age students 18-25 years are considered current users)
    - Marijuana-related emergency room visits increased 29% in one year and marijuana-related hospitalizations increased by 38%

(Copies of this presentation are available on request.)

**Maine Medical Marijuana Program (MMMP): The Current Regulatory Framework.** Marietta D’Agostino, Program Manager for the Maine Medical Marijuana Program, provided general program information and education on medical marijuana in Maine. Some highlights from the presentation:

- CBD (Cannabidiol) is one of at least 85 cannabinoids found in cannabis and is considered to have a wider scope of medical applications than THC
- THC is the psychoactive ingredient in marijuana and produces the “high” associated with marijuana use
- CBD is non-psychoactive and doesn’t produce any high
- THC may induce sleep and lethargy, while CBDs can promote wakefulness and energy
- Methods of ingesting marijuana include smoking, vaporizers, edibles, tinctures and topicals
- Registration with the MMMP is totally voluntary and there is no fee to register
- Patients may grow their own marijuana, name a caregiver or pharmacy to provide their marijuana, or a designate a combination of these providers
- Public petitions are allowed for new debilitating conditions
- Current approved medical conditions are: cancer, glaucoma, HIV positive, AIDS, Hepatitis C, agitation of Alzheimer’s Disease, Nail-Patella Syndrome, Lou Gehrig’s Disease, Crohn’s Disease, intractable pain (other conditions apply), PTSD, inflammatory bowel disease, dyskinetic and spastic movement disorders, and other diseases causing severe and persistent muscle spasms

(Copies of this presentation are available on request.)

**Health Disparities Video.** Lisa Sockabasin, Director of the Office of Health Equity at the Maine CDC, presented three vignettes from a series of videos titled “In All Fairness.” The Office of Health Equity worked together with the Daniel Hanley Center for Health Leadership to create the videos. The idea was to help shine a spotlight on the effects and reach of implicit bias on specific groups of people right here in Maine. The three vignettes were titled:

- The Mentally Ill, Addicted, and Homeless
- Transgender
- Native People

These vignettes, along with three others (Somalis in Maine, Rural Elderly and Homeless Teens) may be viewed on the Office of Health Equity web page:

<http://www.maine.gov/dhhs/mecdc/health-equity/inallfairness.html>

**District Updates.** Please refer to handouts.

**Adjourn.** Meeting adjourned at 2:00 PM

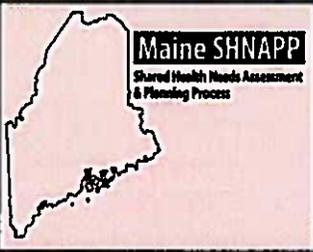
**Next Meeting:** March 17, 2015 from 11:00 AM 2:00 PM, location to be determined

## SCC December 17, 2015 Evaluation Summary

- 18 evaluations were completed and submitted.
- 15 participants report being very engaged, 3 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?
13 SCC Members	<ul style="list-style-type: none"> <li>• Unified agenda that held attention</li> <li>• Great presentations (4)</li> <li>• Nice to focus on the SHIP areas</li> <li>• Content and networking</li> <li>• Whole content of meeting, presenters and facilitators (3)</li> <li>• Good agenda (4)</li> <li>• Like the thematic, topical approach</li> <li>• Marijuana presentation – different approaches (2)</li> <li>• Health disparities videos</li> <li>• Stayed on track/time</li> <li>• Info was personally and professionally relevant</li> <li>• Health Disparities videos were the heart of the program</li> </ul>	<ul style="list-style-type: none"> <li>• Longer time for engagement in next steps discussion (1)</li> <li>• More time following presentations for Q&amp;A</li> <li>• Some discussion on the New American population</li> <li>• Facilities are limited – need better A/V</li> <li>• Agendas could be structured to be more forward-looking and engage the talent in the room</li> <li>• More than a 15-minute break in 3 hours</li> <li>• It would help to instruct all presenters to facilitate 2 or 3 essential questions for the Council to engage and <u>advise</u> on</li> <li>• Need to carve out time for Q&amp;A on each agenda</li> </ul>	<ul style="list-style-type: none"> <li>• Very engaged (12)</li> <li>• Made me think about how these issues impact EMS in Maine</li> <li>• Resources identified were very good</li> <li>• Always asking what can I take back to DCC, employer, other groups to which I belong</li> <li>• Able to ask questions during presentations</li> <li>• Better understanding of issues</li> <li>• Interest in topics</li> <li>• Input from many of the members</li> <li>• Covering all the problems of the state</li> <li>• Somewhat engaged (1)</li> </ul>	<ul style="list-style-type: none"> <li>• HMP RFP (2)</li> <li>• Discussion of health disparities in Lewiston-Auburn area specific to New Americans coming</li> <li>• Spousal abuse</li> <li>• Future of HMP structure (2)</li> <li>• What the new CDC structure entails (4)</li> <li>• Networking in the room to connect state/regional/local</li> <li>• Performance improvement – broad focus</li> <li>• Behavioral health resources in Maine (how can treatment beds/services be increased?)</li> <li>• Consider inviting reps from MHA, ACEP, Emergency Nursing to this group</li> <li>• Strategies to help medical providers bridge the gap with Health Disparities (ED providers and primary care are constantly under pressure to minimize time with <u>any</u> patient)</li> <li>• Legislative updated from MPHHA</li> <li>• Update on SCC Strategic Plan</li> <li>• What's emerging for the next SHIP priorities</li> <li>• What's emerging from community engagement</li> </ul>
1 Key Stakeholder	<ul style="list-style-type: none"> <li>• Great presentations</li> </ul>	<ul style="list-style-type: none"> <li>• Agenda items in the districts from presentations on development</li> </ul>	<ul style="list-style-type: none"> <li>• Somewhat engaged</li> </ul>	<ul style="list-style-type: none"> <li>• Young people in recovery; presentation and involvement of YPR in coalitions/SCC/DCC work</li> </ul>

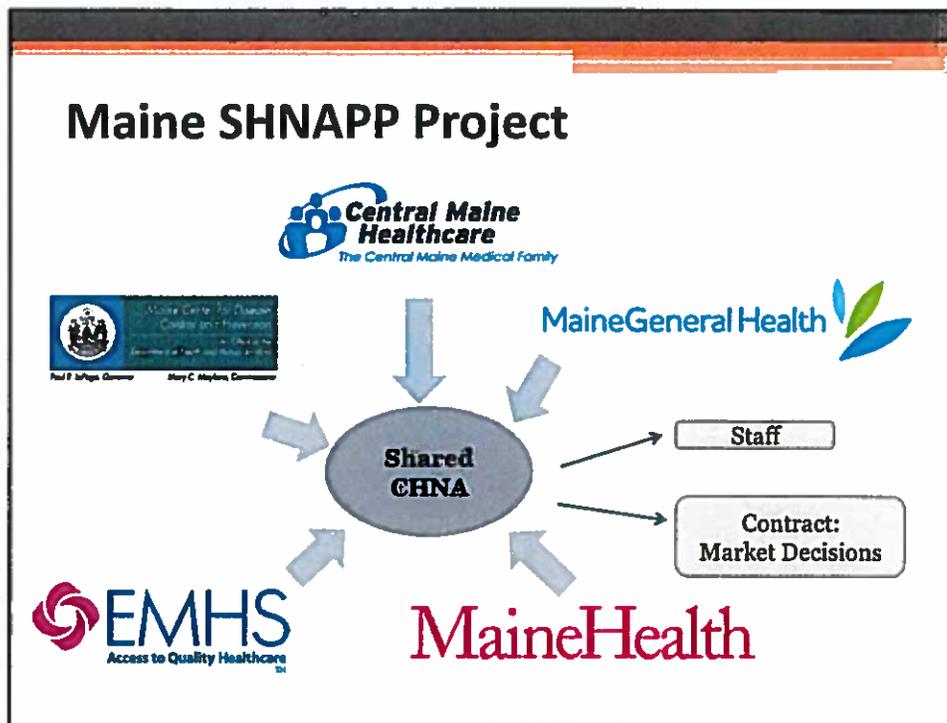
<p>4 Interested Parties</p>	<ul style="list-style-type: none"> <li>• Focus on one topic – marijuana</li> <li>• Health Disparity vignettes (2)</li> <li>• Presentations were great and very informative</li> <li>• Focused discussions on one topic</li> <li>• Great presenters</li> </ul>	<ul style="list-style-type: none"> <li>• Sound in room</li> <li>• Tape to hold name tags to table</li> <li>• Sound of video and phone participants</li> </ul>	<ul style="list-style-type: none"> <li>• Very engaged (3) <ul style="list-style-type: none"> <li>▪ Q&amp;A dialog</li> <li>▪ Health Disparity videos were excellent opportunity for engagement</li> </ul> </li> <li>• Somewhat engaged (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health impacts on public health (e.g. hoarding, tenant/landlord issues, resources for treatment/local support teams/crisis support for healthcare)</li> </ul>
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**Maine SHNAPP**  
Shared Health Needs Assessment  
& Planning Process

# Shared Community Health Needs Assessment (CHNA)

**Creating The Story About Our Data**  
State Coordinating Committee for Public Health  
March 17, 2016





## Community Engagement: Nov. '15-Feb. '16

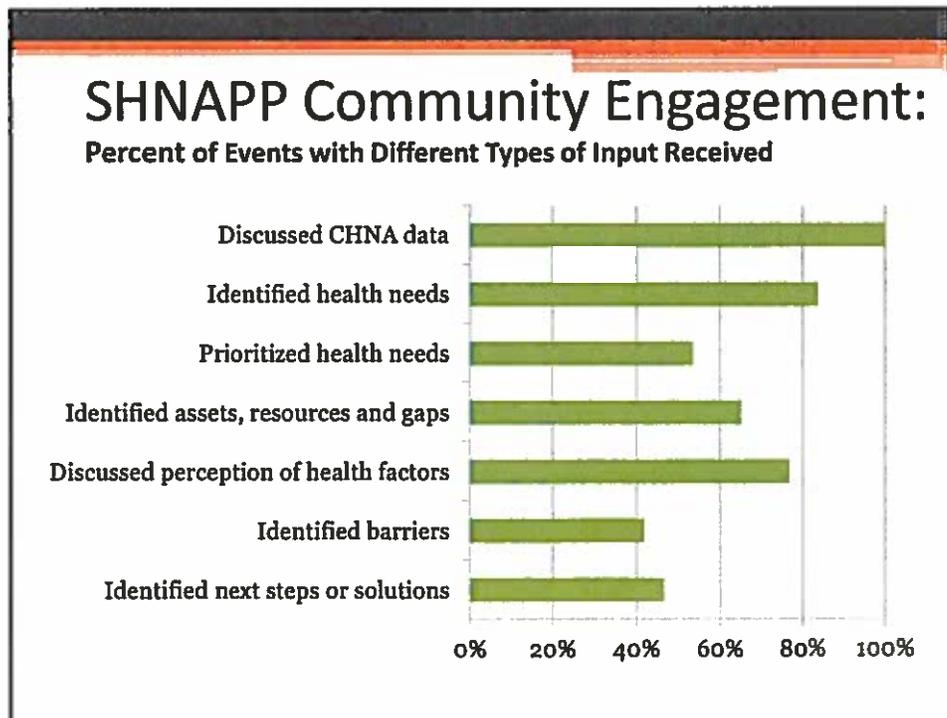
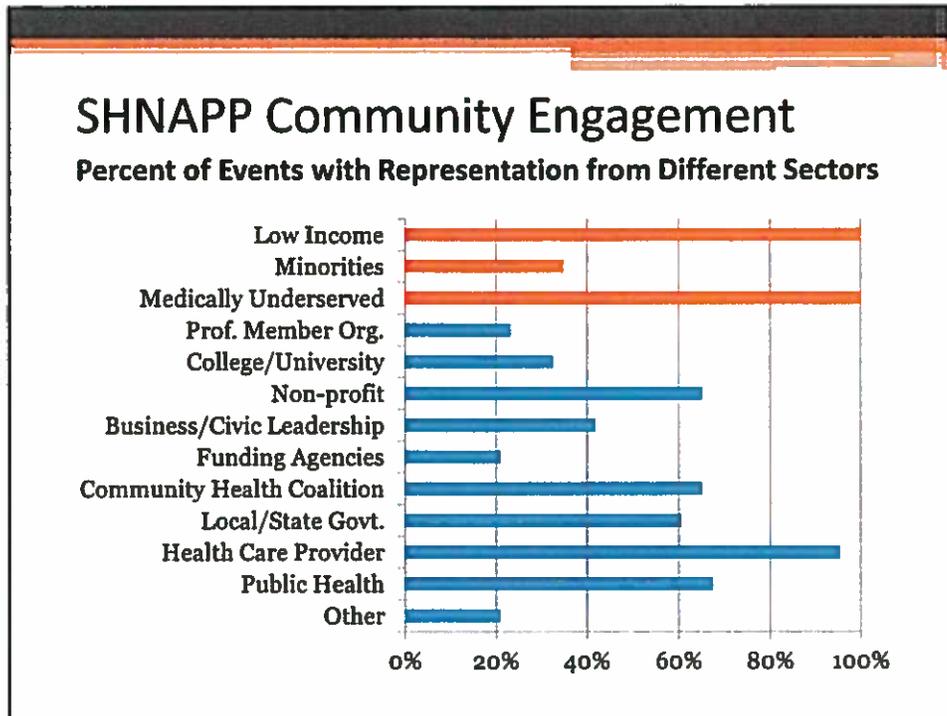
- York: 3 forums, 2 events
- Cumberland: 3 forums
- Western: 10 events
- Central: 3 forums, 5 events



## Community Engagement: Nov. '15-Feb. '16

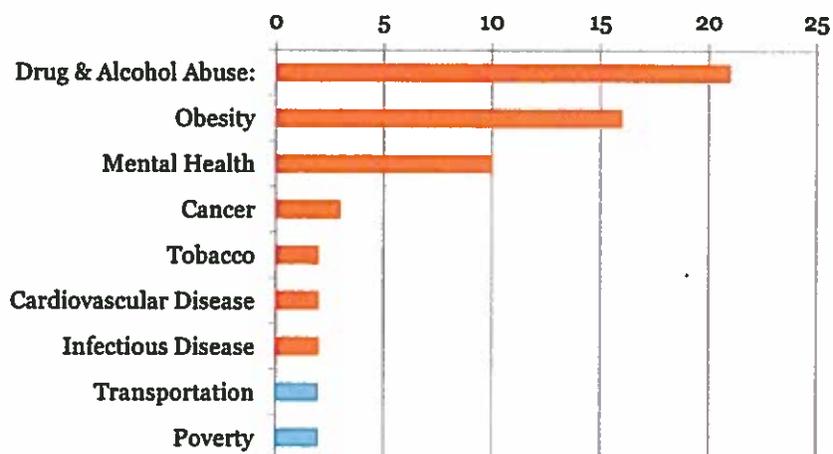
- Mid Coast: 3 forums
- Downeast: 3 forums
- Penquis: 5 forums
- Aroostook: 3 forums, 1 event



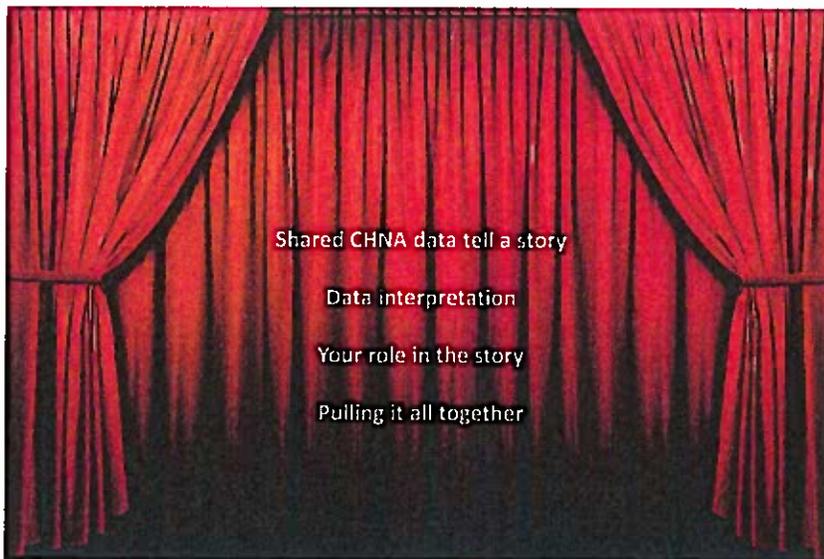


## Common Topics from Breakout Sessions

Number of times topic was included.



## Setting the Stage for Today's Story



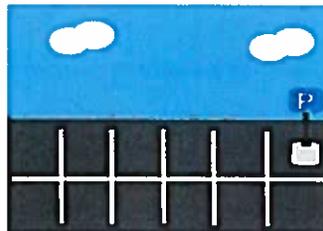


## Interpretation – Things to Consider

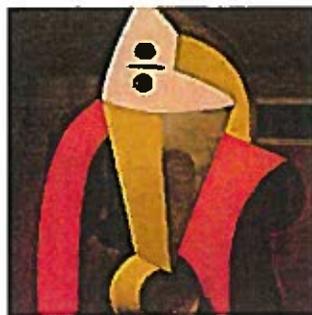
What are the highlights?  
Why is there some data missing?

Unintentional Injury	Year	Midc	Knox	Linc	Saga	Waldo	Maine	US
Always wear seatbelt (Adults)	2013	85.2%	83.8%	84.4%	86.5%	86.5%	85.2%	NA
Always wear seatbelt (High School Students)	2013	62.0%	NA	63.8%	62.5%	NA	61.6%	54.7%
Traumatic brain injury related emergency department visits (all intents) per 10,000 population	2011	88.3	64.5	110.7	96.7	85.5	81.4	NA
Unintentional and undetermined intent poisoning deaths per 100,000 population	2009-2013	10.8	12.3	9.4†	7.1†	13.6	11.1	13.2
Unintentional fall related deaths per 100,000 population	2009-2013	5.3	6.0	5.7†	5.4†	4.0†	6.8	8.5
Unintentional fall related injury emergency department visits per 10,000 population	2011	390.3	416.5	396.5	360.2	383.9	361.3	NA
Unintentional motor vehicle traffic crash related deaths per 100,000 population	2009-2013	12.3	14.8	10.3	9.1†	14.6	10.8	10.5

## Our Task Today....



**Selecting priorities is an art...**



**... but can still be data driven.**

## **Previously Used Criteria (2013 SHIP)**

- **Burden on population**
- **Magnitude of disparities**
- **Economic burden, costs and cost savings**
- **Integration potential with primary care, behavioral health and hospitals**
- **Alignment with national, state or local objectives**
- **Effective interventions and approaches**
- **Feasibility of implementing solutions**

## Defining “burden”

- Percentage of the population affected
- Most common
- Severity of outcomes
- Trends (is it getting better or worse?)

## Obesity



Maine Shared Health Needs Assessment, 2015

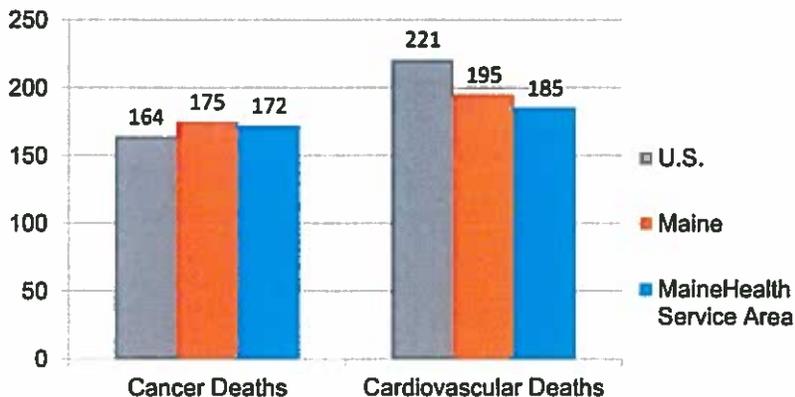
Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

## Leading Causes of Death in Maine

Rank	Cause	Number of Deaths	Age-adjusted Rate
1	Cancer	3,227	175.2
2	Heart Disease	2,807	152.3
3	Chronic Lower Respiratory Disease	902	49.1
4	Unintentional injuries	644	42.6
5	Cerebrovascular diseases	620	33.4
6	Alzheimer's disease	401	21.6
7	Diabetes	373	20.4
8	Influenza and pneumonia	258	14.0
9	Kidney Disease	252	13.6
10	Suicide	245	17.4

## Cancer & Cardiovascular Deaths in Maine

Age-Adjusted Rates per 100,000 Population, 2012-2014



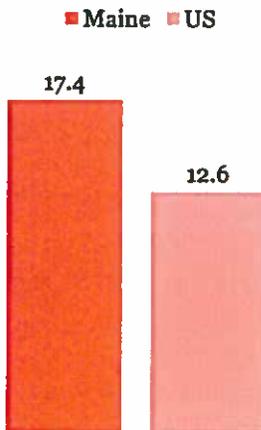
Source: Maine Mortality Database; Data, Research, and Vital Statistics Program, Maine CDC, and National Center for Health Statistics, US CDC

## Years of Potential Life Lost Before Age 75, 2012-2013

Rank	Cause	Avg. Annual YPLL	Percent of Total YPLL
1	Cancer	3,227	25.6
2	Unintentional Injury	2,807	14.4
3	Heart Disease	902	13.6
4	Suicide	644	7.1
5	Chronic Lower Respiratory Disease	620	33.4
6	Perinatal Period	401	21.6
7	Diabetes	373	20.4
8	Congenital Anomalies	258	14.0
9	Liver Disease	252	13.6
10	Cerebrovascular Disease	245	17.4

## Suicide Deaths in Maine by Age

Per 1000,000 population, age adjusted rates



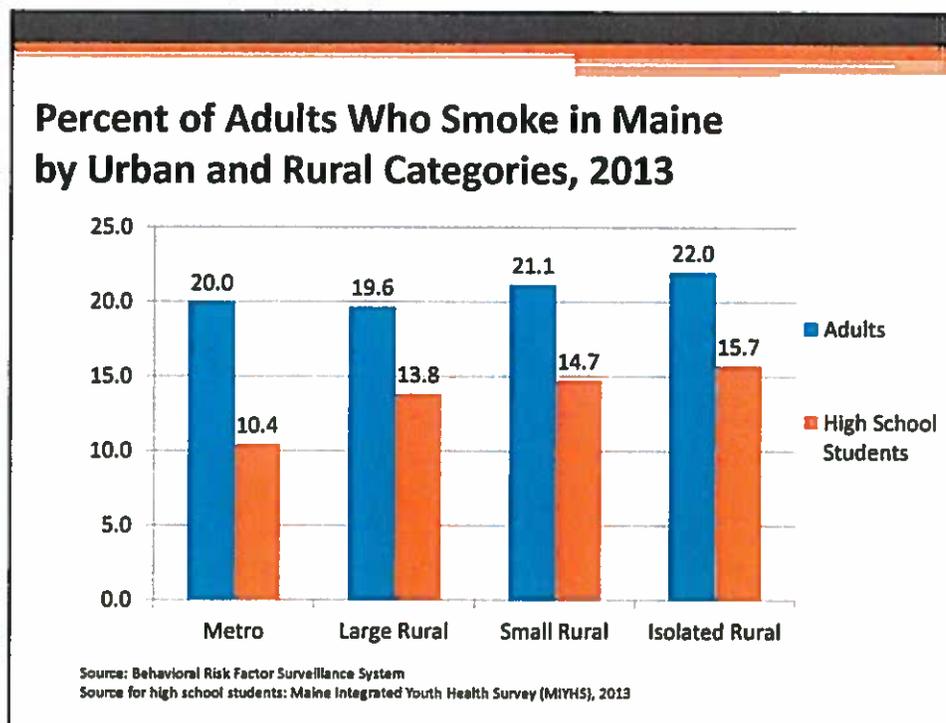
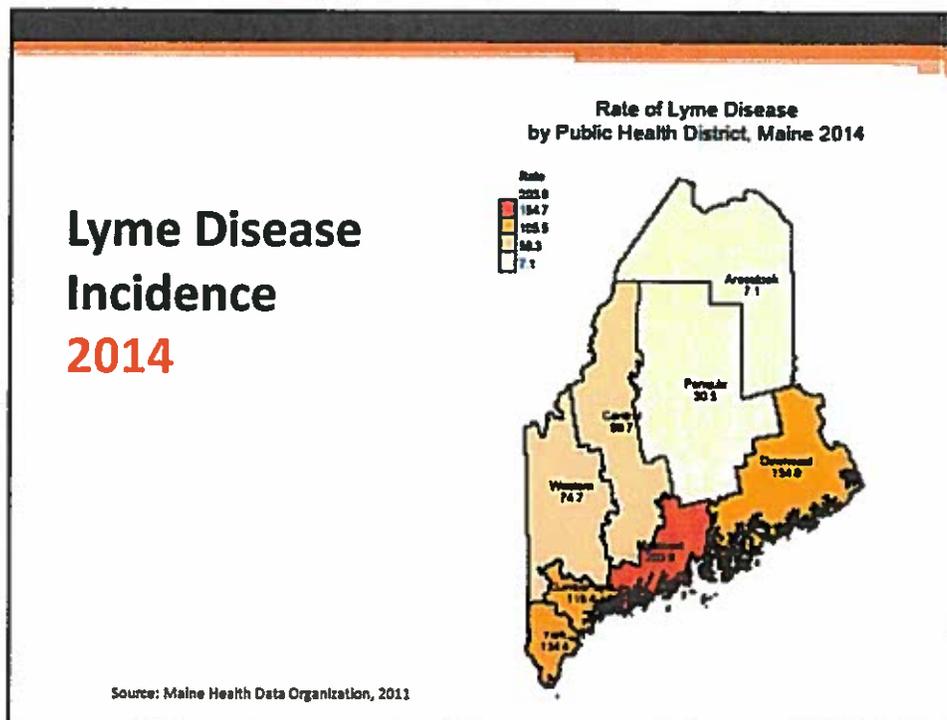
Source: Maine SHNAPP Stakeholder Survey, 2015

## 2 Minute Data Review

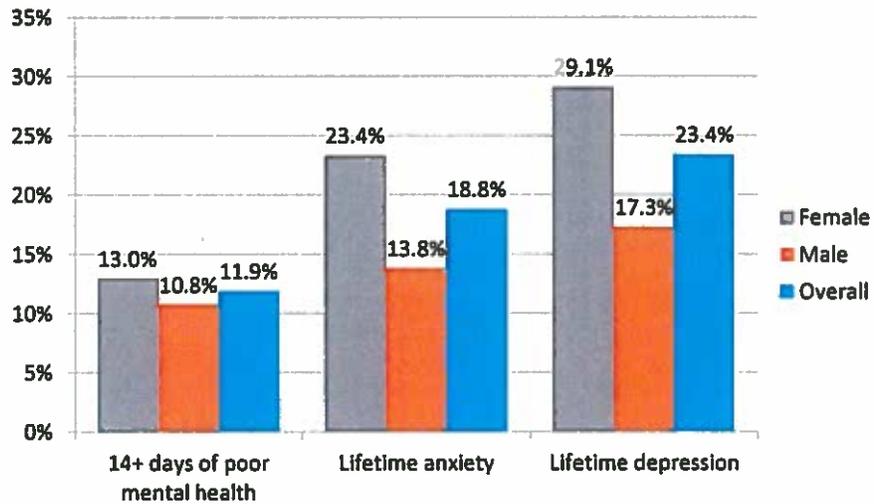


## Defining “magnitude of disparities”

- Maine versus to the United States
- Sub-populations
  - Geography
  - Race, ethnicity, gender
  - Socio-economic status (income, education)

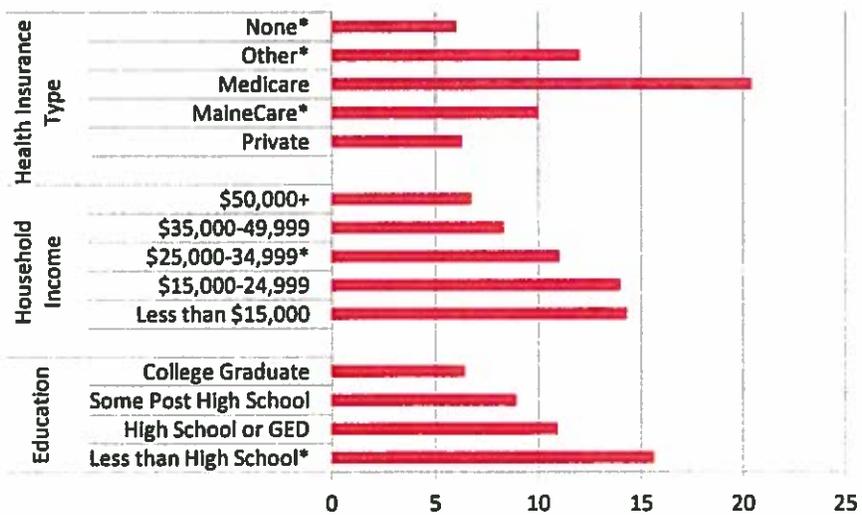


## Mental Health by Gender, 2013



Source: Maine Behavioral Risk Factor Surveillance System

## Diabetes by Insurance, Income & Education, 2013



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

## 2 Minute Data Review



## Defining “economic burden”

- Health care costs
- Lost productivity
- Premature deaths

*\*from The Economic Burden of Health Inequalities in the United States\*  
Joint Center for Political and Economic Studies, 2009*

Inadequate levels of physical activity are associated with **\$117 billion** in annual health care costs.



Data Source: US CDC Winnable Battles

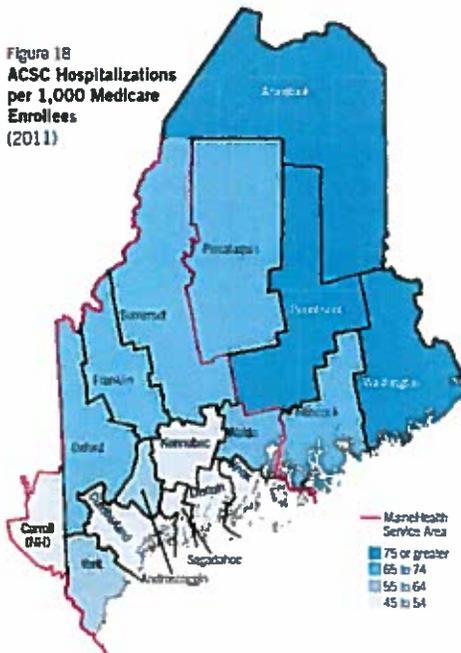
## Preventable Hospitalizations

### Ambulatory Care-Sensitive Conditions

High-quality, community-based primary care can often avoid hospitalizations for these illnesses.  
AHRQ

- Heart Failure,
- COPD/Asthma
- Bacterial Pneumonia,
- Diabetes (uncontrolled, complications)
- Hypertension
- Angina (with no procedure done)
- Convulsions
- Kidney/urinary tract infection
- Gastroenteritis
- Cellulitis
- Dehydration

Figure 18  
ACSC Hospitalizations  
per 1,000 Medicare  
Enrollees  
(2011)



Source: Dartmouth Atlas of Health Care, courtesy of Maine Health Index

## Lost productivity

MON	TUES	WED	THURS	FRI
Reduced Productivity				Missed Workdays

In a 3-month period, patients with depression:

- Miss an average of 4.8 workdays.
- Suffer 11.5 days of reduced productivity.

(Valenstein M, Vijan S, Zeber JE, Boehm K, Buttar A. The cost-utility of screening for depression in primary care. *Ann Intern Med* 2001; 134: 345-360.)

## Premature Deaths

- From 1994-2003, vaccination prevented ~732,000 deaths in the U.S., including:
  - 507,000 due to diphtheria
  - 59,700 due to hepatitis B
  - 57,300 due to measles
  - 55,000 due to pneumonia
  - 20,300 due to Pertussis

Source: US CDC

## 2 Minute Data Review



Choosing Preliminary  
Priorities

## Top Topic Discussions



Session Topic	Location
	Back Left
	Back Right
	Front Left
	Front Right
All those joining remotely	Adobe Connect

## Next Steps:

Looking ahead to the next cycle of the SHNAPP, to what extent would a framework for shared **community health improvement planning** help align and bridge implementation work across sectors?



**Maine SHNAPP**  
Shared Health Needs Assessment  
& Planning Process

**Shared CHNA Reports:**  
[www.maine.gov/SHNAPP/](http://www.maine.gov/SHNAPP/)

## Maine Shared Community Health Needs Assessment State-Level Summary: 2015

### Stakeholder Survey Qualitative Input

A survey of 1,639 health professionals and community stakeholders across Maine provided insight into the most critical health issues and determinants impacting the lives of those living in Maine. According to these stakeholders, the following five health issues and health factors have the most impact on the state resulting in poor health outcomes for residents.

#### Top five health issues:

- Drug & Alcohol Abuse
- Obesity
- Mental Health
- Physical Activity & Nutrition
- Depression

#### Top five health factors:

- Poverty
- Access to Behavioral/Mental Health Care
- Transportation
- Health Care Insurance
- Employment

Maine Shared CHNA Health Indicators	Maine	Maine Trend	U.S	Significant Difference ME US
(+) indicates a positive trend where the indicator improved (-) indicates a negative trend where the indicator declined (NA) indicates that a trend comparison was not possible (*) indicates statistically significant at the 95% confidence interval; yellow shading indicates 10% or more rate ratio between Maine and US				
<b>Demographics</b>				
Total Population	1,330,089		319 Mil	
Population - % ages 0-17	19.7%		23.3%	
Population - % ages 18-64	62.6%		62.6%	
Population - % ages 65+	17.7%		14.1%	
Population - % White	95.2%		77.7%	
Population - % Black or African American	1.4%		13.2%	
Population - % American Indian and Alaska Native	0.7%		1.2%	
Population - % Asian	1.1%		5.3%	
Population - % Hispanic	1.4%		17.1%	
Population - % with a disability	16.3%		12.1%	
Population density (per sq. mile)	43.1		87.4	
<b>Socioeconomic Status Measures</b>				
Unemployment rate	5.7%	+	6.2%	
Individuals living in poverty	13.6%		15.4%	*
Children living in poverty	18.5%		21.6%	*
Percentage of people living in rural areas	66.4%	NA	NA	
Median household income	\$48,453		\$53,046	*
High school graduation rate	86.5%	+	81%	
Single-parent families	29.1%	NA	33.2%	
65+ living alone	40.1%		37.7%	

General Health Status				
Adults who rate their health fair to poor	14.9%		16.7%	
Adults with 14+ days lost due to poor mental health	11.9%		NA	
Adults with 14+ days lost due to poor physical health	12.8%		NA	
Adults with three or more chronic conditions	27.9%		NA	
Mortality				
Life expectancy (Female)	81.5		81.2	
Life expectancy (Male)	76.7		76.4	
Overall mortality rate per 100,000 population	753.8	NA	731.9	
Access				
Adults with a usual primary care provider	87.4%		76.6%	*
Individuals who are unable to obtain or delay obtaining necessary medical care due to cost	10.1%		15.3%	*
MaineCare enrollment	27.0%	NA	23.0%	
Percent of children ages 0-19 enrolled in MaineCare	41.8%	NA	48.0%	
Percent uninsured	10.1%		11.7%	
Health Care Quality				
Ambulatory care-sensitive condition hospital admission rate per 100,000 population	1499.3	+	1457.5	
Ambulatory care-sensitive condition emergency department rate per 100,000 population	4258.8	NA	NA	
Oral Health				
Adults with visits to a dentist in the past 12 months	65.3%	NA	67.2%	
MaineCare members under 18 with a visit to the dentist in the past year	55.1%	NA	NA	
Respiratory				
Asthma emergency department visits per 10,000 population	66.2	NA	NA	
COPD diagnosed	7.1%		6.5%	
COPD hospitalizations per 100,000 population	216.3		NA	
Current asthma (Adults)	11.9%		9.0%	*
Current asthma (Youth 0-17)	9.1%	NA	9.2%	
Pneumonia emergency department rate per 100,000 population	719.9	-	NA	
Pneumonia hospitalizations per 100,000 population	329.4		NA	
Cancer				
Mortality – all cancers per 100,000 population	181.7		168.7	*
Incidence – all cancers per 100,000 population	488.7	+	453.4	*
Bladder cancer incidence per 100,000 population	28.6		20.2	*
Female breast cancer mortality per 100,000 population	16.9		21.5	
Breast cancer late-stage incidence (females only) per 100,000 population	42.3	NA	43.7	
Female breast cancer incidence per 100,000 population	125.0		124.1	
Mammograms females age 50+ in past two years	82.1%	NA	77.0%	*
Colorectal cancer mortality per 100,000 population	15.0		15.1	
Colorectal late-stage incidence per 100,000 population	22.0	NA	22.9	
Colorectal cancer incidence per 100,000 population	41.1	+	42.0	
Colorectal screening	72.2%	NA	NA	
Lung cancer mortality per 100,000 population	51.8	+	46.0	*
Lung cancer incidence per 100,000 population	74.0	+	58.6	*
Melanoma incidence per 100,000 population	22.2		21.3	

Cancer				
Pap smears females ages 21-65 in past three years	88.0%	NA	78.0%	*
Prostate cancer mortality per 100,000 population	19.7		20.8	
Prostate cancer incidence per 100,000 population	118.4	+	140.8	*
Tobacco-related neoplasms, mortality per 100,000 population	37.9		34.3	*
Tobacco-related neoplasms, incidence per 100,000 population	91.9		81.7	*
Cardiovascular Disease				
Acute myocardial infarction hospitalizations per 10,000 population	23.4	+	NA	
Acute myocardial infarction mortality per 100,000 population	33.4		32.4	
Cholesterol checked every five years	81.4%		76.4%	*
Coronary heart disease mortality per 100,000 population	89.5	+	102.6	
Heart failure hospitalizations per 10,000 population	20.1	NA	NA	
Hypertension prevalence	33.3%		31.4%	
High cholesterol	39.7%		38.4%	
Hypertension hospitalizations per 100,000 population	28.0		NA	
Stroke hospitalizations per 10,000 population	19.6	+	NA	
Stroke mortality per 100,000 population	33.3		36.2	
Diabetes				
Diabetes prevalence (ever been told)	9.6%		9.7%	
Pre-diabetes prevalence	7.4%	NA	NA	
Adults with diabetes who have eye exam annually	71.2%	NA	NA	
Adults with diabetes who have foot exam annually	83.3%	NA	NA	
Adults with diabetes who have had an A1C test twice per year	73.2%	NA	NA	
Adults with diabetes who have received formal diabetes education	60.0%	NA	55.80%	
Diabetes emergency department visits (principal diagnosis) per 100,000 population	235.9		NA	
Diabetes hospitalizations (principal diagnosis) per 10,000 population	11.4		NA	
Diabetes long-term complication hospitalizations	59.1		NA	
Diabetes mortality (underlying cause) per 100,000 population	20.4		21.2	
Environmental Health				
Children with confirmed elevated blood lead levels (% among those screened)	2.1%	+	NA	
Children with unconfirmed elevated blood lead levels (% among those screened)	4.1%	+	NA	
Homes with private wells tested for arsenic	43.3%	NA	NA	
Lead screening among children age 12-23 months	49.2%	NA	NA	
Lead screening among children age 24-35 months	27.6%	NA	NA	
Immunization				
Adults immunized annually for influenza	44.1%	+	NA	
Adults immunized for pneumococcal pneumonia (ages 65 and older)	73.8%		69.5%	*
Immunization exemptions among kindergarteners for philosophical reasons	3.7%	NA	NA	
Two-year-olds up to date with "Series of Seven Immunizations" 4-3-1-3-3-1-4	75%		NA	
Infectious Disease				
Hepatitis A (acute) incidence per 100,000 population	0.6	NA	0.4	
Hepatitis B (acute) incidence per 100,000 population	0.9	NA	0.9	
Hepatitis C (acute) incidence per 100,000 population	2.3	NA	0.7	
Lyme disease incidence per 100,000 population	105.3	-	10.5	
Tuberculosis incidence per 100,000 population	1.1		3.0	

<b>Infectious Disease</b>				
Incidence of past or present hepatitis C virus (HCV) per 100,000 population	107.1	NA	NA	
Incidence of newly reported chronic hepatitis B virus (HBV) per 100,000 population	8.1	NA	NA	
Pertussis incidence per 100,000 population	41.9	-	10.3	
<b>STD/HIV</b>				
AIDS incidence per 100,000 population	2.1		8.4	
Chlamydia incidence per 100,000 population	265.5	NA	452.2	
Gonorrhea incidence per 100,000 population	17.8	NA	109.8	
HIV incidence per 100,000 population	4.4		11.2	
HIV/AIDS hospitalization rate per 100,000 population	21.4		NA	
Syphilis incidence per 100,000 population	1.6		19.9	
<b>Intentional Injury</b>				
Domestic assaults reports to police per 100,000 population	413.0		NA	
Firearm deaths per 100,000 population	10.9		10.4	
Intentional self-injury (Youth)	17.9%		NA	
Lifetime rape/non-consensual sex (among females)	11.3%		NA	
Nonfatal child maltreatment per 1,000 population	14.6	-	9.1	
Reported rape per 100,000 population	27.0		25.2	
Suicide deaths per 100,000 population	17.4	-	12.6	*
Violence by current or former intimate partners in past 12 months (among females)	0.8%		NA	
Violent crime rate per 100,000 population	125.0		367.9	
<b>Unintentional Injury</b>				
Unintentional fall related injury emergency department visits among older adults per 10,000 population	361.3	NA	NA	
Unintentional fall related deaths per 100,000 population	8.7	-	8.5	
Unintentional motor vehicle traffic crash related deaths per 100,000 population	10.2		10.5	
Always wear seatbelt (Adults)	85.2%	NA	NA	
Always wear seatbelt (High School Students)	61.6%	NA	54.7%	
Traumatic brain injury related emergency department visits (all intents) per 10,000 population	81.4	-	NA	
Unintentional and undetermined intent poisoning deaths per 100,000 population	12.6		13.2	
<b>Occupational Health</b>				
Deaths from work-related injuries (number)	19		4,585	
Nonfatal occupational injuries (number)	13,205		NA	
<b>Mental Health</b>				
Adults who have ever had anxiety	18.8%		NA	
Adults who have ever had depression	23.4%		18.7%	*
Adults with current symptoms of depression	9.9%		NA	
Co-morbidity for persons with mental illness	33.3%		NA	
Mental health emergency department rates per 100,000 population	1,972.1		NA	
Adults currently receiving outpatient mental health treatment	17.4%		NA	
Sad/hopeless for two weeks in a row (High School Students)	24.3%	-	29.9%	
Seriously considered suicide (High School Students)	14.6%	-	17.0%	

Physical Activity, Nutrition and Weight				
Obesity (Adults)	28.9%		29.4%	
Obesity (High School Students)	12.7%		13.7%	
Overweight (Adults)	36.0%		35.4%	
Overweight (High School Students)	16.0%	-	16.6%	
Fewer than two hours combined screen time (High School Students)	33.9%	NA	NA	
Fruit and vegetable consumption (High School Students)	16.8%	+	NA	
Fruit consumption among Adults 18+ (less than one serving per day)	34.0%	NA	39.2%	*
Met physical activity recommendations (Adults)	53.4%	NA	50.8%	
Physical activity for at least 60 minutes per day on five of the past seven days (High School Students)	43.7%	+	47.3%	
Sedentary lifestyle – no leisure-time physical activity in past month (Adults)	23.3%		25.3%	
Soda/sports drink consumption (High School Students)	26.2%	NA	27.0%	
Vegetable consumption among Adults 18+ (less than one serving per day)	17.9%	NA	22.9%	*
Pregnancy and Birth Outcomes				
Infant deaths per 1,000 live births	5.9		6.0	
Live births for which the mother received early and adequate prenatal care	86.4%		84.8%	
Low birth weight (<2500 grams)	6.6%		8.0%	
Children with special health care needs	23.6%	-	19.8%	*
Live births to 15-19 year olds per 1,000 population	19.2	+	26.5	
Substance and Alcohol Abuse				
Alcohol-induced mortality per 100,000 population	8.5		8.2	
Binge drinking of alcoholic beverages (High School Students)	14.8%	+	20.8%	
Binge drinking of alcoholic beverages (Adults)	17.2%		16.8%	
Chronic heavy drinking (Adults)	7.2%		6.2%	
Drug-affected baby referrals received as a percentage of all live births	7.8%	NA	NA	
Drug-induced mortality per 100,000 population	13.9		14.6	
Emergency medical service overdose response per 100,000 population	391.5	NA	NA	
Opiate poisoning (ED visits) per 100,000 population	25.1		NA	
Opiate poisoning (hospitalizations) per 100,000 population	13.2		NA	
Past-30-day alcohol use (High School Students)	26.0%	+	34.9%	
Past-30-day inhalant use (High School Students)	3.2%	+	NA	
Past-30-day marijuana use (Adults)	7.8%		NA	
Past-30-day marijuana use (High School Students)	21.6%		23.4%	
Past-30-day nonmedical use of prescription drugs (Adult)	1.1%		NA	
Past-30-day nonmedical use of prescription drugs (High School Students)	5.6%	+	NA	
Prescription Monitoring Program opioid prescriptions (days supply/pop)	6.8	NA	NA	
Substance-abuse hospital admissions per 100,000 population	328.1		NA	
Tobacco Use				
Current smoking (Adults)	20.2%	+	19.0%	
Current smoking (High School Students)	12.9%	+	15.7%	
Current tobacco use (High School Students)	18.2%	+	22.4%	
Secondhand smoke exposure (Youth)	38.3%	+	NA	



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

Template updated 03/2012

**District: Aroostook District**

**Date: March 10, 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>

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

**DCC Board Education conducted 02/03/16:**

Healthy Aroostook conducted a *Marijuana in the New Millennium* training for the board.

**Upcoming Aroostook DCC dates of interest:**

DCC Meeting	05/04/16 9:00-12:00p
Coordinated Approach to Care Management committee	04/19/16 9:00-11:00a

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

- ❖ Activities planned for completion during the quarter – Feedback/ comments/ responses to SHNAPP questions regarding gaps, barriers, opportunities, and next steps were compiled and sorted according to health priority and then appropriate level of prevention (ie primary, secondary, tertiary) in order to identify themes and partners best suited for follow up activities including goal identification.

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

- Continued review of current procedures to ensure alignment with DCC by-laws.
- Continued recruitment for Parks and Rec representation as well as updating School sector contact

**In-district or multi-district collaborations: *None to report this quarter***

**Other topics of interest for SCC members: Q1 SHNAPP activity:**

**DCC:** In collaboration with local hospitals and other community partners, 3 community engagement forums were conducted.

11/04/15 Central Aroostook - Northern Maine Community College

11/17/15 Southern Aroostook – Houlton Regional Hospital

1/07/16 Northern Aroostook – University of Maine at Fort Kent

**Additional Presentation(s) to community groups:**

1/11/16 Presque Isle Rotary

1/19/16 Coordinated Approach to Care Management Committee of the DCC

**Power of Prevention:**

2/23/16 Community Relations staff at Cary Medical Center

**Caribou VA Clinic:** Presented hard copies of the data to local staff and shared with the leadership at

District Name

1

Date

22 M.R.S. §412 (2011).

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# Statewide Coordinating Council for Public Health District Coordinating Council Update

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**The Aroostook Medical Center:** Shared information regarding the Community Health Needs Assessment data and SHNAPP process with Fort Fairfield Community Advisory Council with plans to engage with the Mars Hill Community Advisory Council later in March.

District Name

2

Date

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22 M.R.S. §412 (2011).

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# Statewide Coordinating Council for Public Health District Coordinating Council Update

**District: Central**

**Date: March 17, 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 January 26 DCC meeting we heard updates from our SCC Representative, the Maine SHNAPP Coordinator, and meeting attendees. We reviewed the progress we made over the last two years on our DPHIP, with each workgroup reporting. We then had an update on our current Oral Health Community Health Worker project, and introduced DCC members to Jane Allen, our Community Health Worker. We started the transition into the next DPHIP cycle by then reviewing the results of our two Shared CHNA Forums; and discussed where we need more information, what new issues/surprises there were in the data, and preliminary priorities.

**Ongoing or upcoming projects or priority issues:** Setting district priorities for next District Public Health Improvement Planning (DPHIP) cycle, coordination with hospital Implementation Strategies, MGMC/District Oral Health Implementation Grant from MeHAF/Maine Oral Health Funders and increasing/sustaining resources for community health workers; recruiting/maintaining sector membership; district transportation services, gaps, and volunteer efforts; 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 were able to be completed 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 with flu immunization coordination planned for this spring
- ▶ Oral Health Workgroup – funder meetings this quarter and outreach using new Community Health Worker to assist priority populations with health care navigation and overcoming barriers
- ▶ Mental Health & Substance Abuse Workgroup – met to discuss needs and next steps

*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 SES 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*

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

**Structural and Operational changes, including updates in membership:** One Steering Committee member resignation due to job change; filling school nurse gaps in Vaccination Workgroup coverage; ongoing review of membership and filling gaps in sector representation/adjusting to turnover

**In-district or multi-district collaborations:** SHNAPP, Oral Health Implementation 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.

# Statewide Coordinating Council for Public Health District Coordinating Council Update



District: Cumberland District

Date: 03/17/2016

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 Cumberland District Executive Committee continues to meet regularly. Recently the EC has focused on furthering DPHIP priorities, and focusing on rising issues within Cumberland County.

The last full council meeting had the following highlights

### *One MaineHealth overview / Share Health Needs Assessment Planning Process update:*

*Tim Cowan provided an overview of the One MaineHealth initiative and how it morphed into the Shared Health Needs Assessment Planning Process. After the overview, Tim Cowan answered Council member questions. The Council also discussed the recent community forum held at MaineHealth.*

### *Affordable Care Act update*

*Carol Zechman provided a brief update on the Affordable Care Act open enrollment period currently underway. Community Health Options continues to have a freeze on individual plan enrollments but the remaining insurance providers are still enrolling individuals.*

*The Council also discussed new efforts to expand Medicaid (MaineCare), and support states that have not yet expanded Medicaid.*

*The open enrollment period ends at the end of January. This is earlier than previous years; however, individuals may still enroll if they have a qualifying event after January 31st.*

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

Health Needs Assessment Planning Process, which is currently planning two Community Forums.

Three forums were held January 11, 2016 (from 3:00 PM — 6:00 PM), January 24<sup>th</sup> 2016 (from 5:00 – 7:00pm) and February 2, 2016 (from 3:00 PM — 6:00 PM). The January 11<sup>th</sup> forum was held at MaineHealth (110 Free Street, Portland), the January 24<sup>th</sup> forum was held at Bridgton Hospital, and the February forum was held at St. Joseph's College (278 Whites Bridge Rd, Standish).

In addition to the two large community forums, smaller 10–30 minute presentations are available for smaller community groups.

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

### **Health Equity - Overall Progress:**

- The Health Equity and Disparities Workgroup meets every other month with attendance between 8 and 15 people per meeting and 40 people on the email distribution list. There are several sub-initiatives working on specific focus areas of work within the Health Equity & Disparities priority.
- 21 Reasons is applying for a grant to address substance use issues among minority populations. This organization is using and reviewing the findings from the 2015 Maine Integrated Youth Health Survey (MIYHS),

and planning to work closely with other organizations including Portland Public Schools Multilingual and Multicultural Center and The City's Minority Health and Family Health programs, other ethnic community leaders and organizations.

- There are no Health on the Move events currently planned – please come to a Work Group meeting or contact Caity Hager (chager@portlandmaine.gov) if you would like to plan an event.
- The Greater Portland Refugee & Immigrant Healthcare Collaborative held a march 3<sup>rd</sup> meeting to strategize and find new leaders.
- The Lakes Region Access to Care work continues with a three-year, \$45,000 per year implementation grant from the Maine Oral Health Funders, that began in July 2015. Focused on the Lake Region School District community – which includes Bridgton, Casco, Naples and Sebago – the project seeks to increase the number of children receiving preventive oral health care. Project goals will be achieved using a combination of evidence-based and innovative approaches implemented through strategic partnerships with key stakeholders. Healthy Lakes HMP Director Zoe Miller is coordinating the project with support from a stakeholder group.

**Obesity - Overall Progress:**

- All schools received replacements for soda ads on scoreboards except one where the scoreboard was not the correct size
- A few schools chose to remove ads altogether and not replace the soda ad with a water product
- MPHA Webinar on September 23 outlined CDPHC Obesity Workgroup steps to make scoreboards free of soda ads
- Committee met on December 8, 2015 to discuss steps towards new project--- we will focus on a few town owned recreational facilities to request scoreboards be removed in Cape Elizabeth pool, North Yarmouth Academy, and a couple of Portland venues.
- Bethany Sanborn is leaving the City of Portland so will no longer be a part of the Work group
- Anne Tricomai Lang has agreed to co-chair the work group.

**Sexual Health - Overall Progress:**

- The workgroup met four times since the last update. Due to the success of last years teacher/school nurse workshop, we decided to offer a similar opportunity during the Spring of 2016.
- The second annual workshop "Adolescent Health – The Tough Stuff" will take place on Tuesday, March 29<sup>th</sup> at The Opportunity Alliance at 50 Lydia Lane in South Portland.
- The morning sessions will include information on sexual health, vaping, and substance use prevention.
- The afternoon session will focus on interactive and engaging opportunities so that participants will have increased skills around motivational interviewing, assessing risk factors, highlighting protective factors and using a strength based approach.

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

A meeting is being organized for York and Cumberland counties to come up with new resources and strategies to work on increasing flu immunizations, and schools holding clinics. The meeting will take place on January 5 at Home Health Visiting Nurses office in Saco.

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: Down East**

**Date: March 17, 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>**

### **District Public Health Council Meetings**

**January 22 at Mano en Mano in Milbridge** with twenty-one participants (Adobe Connect was utilized=seventeen in person and four electronically)

The agenda action items:

- Slate of Executive Committee members approved
- SHNAPP: review of forum breakout session input for Drug and Alcohol Abuse, Obesity, Diabetes, and Tobacco Use.
- Background on District Public Health Systems Assessment (2010) and review of measures for emergency preparedness.
- Populations at Risk: focus of part of 2016 council meetings will be on health disparities: today we shared the Maine CDC /Hanley Center video on Maine's Tribes.

### **2016 Meeting Schedule**

<b>March 18 = Ellsworth</b>	<b>May 20 = Machias</b>
<b>July 22 = Milbridge</b>	<b>September 23 = Ellsworth</b>
<b>November 18 = Machias</b>	

### **Executive Committee Meetings**

**February 26 via Conference Call.**

- Disparities Topics/Speakers for 2016
- March 18 Meeting Agenda and Logistics
- Hospital Implementation Strategies and DPHIP
- Next call is scheduled for April 15.

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

- Medical Reserve Corp formation
- Washington County Food Access and Pantries Strategic Planning
- Aging Population
- County or local partner emergency preparedness.

Downeast District

1

March 11, 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
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## Statewide Coordinating Council for Public Health District Coordinating Council Update

<p><b>Progress with District Public Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>• Environmental Health=discuss outreach to towns on well water testing.</li> <li>• Food Access and Policy=implementing healthy school food, anti-hunger, gleaning, and healthy general stores projects in both counties.</li> <li>• Clinical Health Care System==implement Know Your Number Screening project.</li> </ul>
<p><b>Structural and Operational changes, including updates in membership.</b></p> <ul style="list-style-type: none"> <li>• District Council Membership</li> </ul>
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>• Ongoing Behavioral Health Integration Project in Washington County.</li> <li>• Ongoing Gay Straight Alliance project in Washington County for supporting schools in creating safe environments for students.</li> <li>• Maine Health Foundation has active funding projects in Achieving Better Health in Communities, Thriving in Place, and Health Care for the Uninsured.</li> <li>• Aging Task Force work in both counties.</li> <li>• Downeast Substance Treatment Network in both counties.</li> <li>• Maine Quality Counts Regional Forum on Opiate Treatment in Primary Care</li> </ul>
<p><b>Shared Health Needs Assessment and Planning Process (SHNAPP):</b></p> <ul style="list-style-type: none"> <li>• Forums complete in Ellsworth, Machias and Calais</li> <li>• Smaller community meetings Hancock County: <ul style="list-style-type: none"> <li>○ Gouldsboro /Schoodic Peninsula Community completed</li> <li>○ Hancock County Superintendents completed</li> <li>○ Swans Island Community planned</li> <li>○ Ellsworth Business planned</li> </ul> </li> <li>• Smaller community meetings Washington County: <ul style="list-style-type: none"> <li>○ Harrington Health Center community completed</li> <li>○ Washington County Superintendents completed</li> <li>○ Eastport community planned</li> <li>○ Princeton community planned</li> <li>○ Machias/Calais Business planned</li> </ul> </li> </ul>
<p><b>Other topics of interest for SCC members:</b> None at this time</p>

Downeast District

2

March 11, 2016

<sup>1</sup>Section 5. 22 MRSA c. 152

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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: March 17, 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>**

### **District Coordinating Council Meetings**

**March 8 at Knox County EMA with 30 participants.**

- **Heroin: Opioid Taskforce Updates and Local Efforts:** Panel discussion on statewide task force work, including Scott Gagnon (Education and Harm Reduction Taskforce), Eric Haram (Treatment Taskforce), and Joel Merry (Enforcement Taskforce). Stigma was identified as a barrier to addressing opioid abuse by all three taskforces. The Prevention and Education Task Force appreciated the substantial contributions that the Healthy Maine Partnerships have made and can continue to make in addressing drug abuse and addiction.
- **SHNAPP Update:** suggest having a special meeting in April in order to discuss possible integration and alignment of hospital implementation strategies and district public health priorities.

**2016 Meeting Schedule: June 7, September 20, and December 6**

### **Steering Committee Meetings**

February 9 meeting was cancelled due to weather, March meeting was planned electronically.

Next meeting scheduled for May 10.

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

- **Heroin Opiate Community Forum:**
  - **Belfast February 10:** facilitated community meeting for capturing open dialogue on local data, services, and gaps that will be shared with Maine Opiate Collaborative Task Forces.
  - **Rockland February 4:** approximately 200 community members attended the facilitated meeting discussing their lived experiences and what they consider necessary resources to address the addiction crisis in our communities.
- **Health Film Series at Frontier Café/Cinema in Brunswick:** *The Opiate Effect* on March 29 will include a panel of local experts to discuss local efforts and needs – including Joel Merry, Sagadahoc County Sheriff, Eric Haram, Director, Outpatient Behavioral Health at Mid Coast Hospital, and Melissa Fochesato, Partnership Director, Access Health (HMP) & Mid Coast Hospital. Sponsored by Mid Coast Hospital and Access Health (HMP).
- **Mental Health:** showing of Paper Tigers at Brunswick High School on March 20, coordinated by Access Health (HMP), Martin's Point (Primary Care), United Way of Midcoast Maine & Brunswick schools – discusses the impact of ACEs in schools and highlights what one school has done to create a trauma informed staff and school environment that fosters resiliency.
- **Youth Mental Health Training on March 31 at Southern New Hampshire University campus in Brunswick,** sponsored by Access Health (HMP) through their three year Project Aware grant from

MidCoast District

22 M.R.S. §412 (2011).

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

SAMHSA, an example of how HMPs can help the District find funding to support priorities locally, and how having a comprehensive community health coalition with key partners allows communities to leverage outside funding, including federal funds, to support priorities identified by our coalitions and districts.

- KCCHC, with city of Rockland Mayor Louise MacLellan Ruf, and Ira Mandel, MD will convene a follow up meeting with Knox County stakeholders April 12<sup>th</sup> to begin the development of local action steps to build collaborative efforts to address addiction.
- KCCHC will be rolling out a “Parents Who Host Lose the Most” alcohol awareness campaign during Prom and Graduation with the help of our Substance Abuse Prevention Task Force members and local law enforcement.
- Access Health will be supporting the April Medication Collections, once again promoting public use of Medication Collection Boxes purchased through outside leveraged funding, and promoted through SAMHS funding – the boxes have averaged 2,000 pounds per year in unwanted, unused medications. (Priority issue/DPHIP focus: ensure continuity of Medication Collections).

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

- Behavioral Health: Team will be reporting out in June meeting – see local progress above, including medication collection efforts & several Mental Health/ACEs awareness projects
- Transportation: Team will be reporting out in June meeting

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

- Steering Committee will work on a more formal process for approving and welcoming new members that will be discussed at June meeting.

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

- Collaboration opportunities continue to be a standing DCC agenda item.
- Heroin Efforts – the district partners have collaborated on several Opioid projects, including partnering with law enforcement, treatment, HMPs, Hospitals and affected family members or those in recovery to host Opioid summits/discussions in each county.

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

- Forums completed at DCC, Rockland, Belfast, and Wiscasset; planned for Brunswick on March 25<sup>th</sup>; planned for Bath
- Smaller community meetings:
  - Knox County: Tenants Harbor and Union completed
  - Waldo County: Liberty and Stockton Springs completed
  - Lincoln County: planning
  - Sagadahoc County: planning, outreach will be based on attendance at March forum. Data sheets have been reviewed by the Board of Health (led by HMP Director). MIYHS results have been reviewed by all school district administrative teams (Led by HMP SAP Coordinator).

**Other topics of interest for SCC members: None at this time.**

MidCoast District

2

March 11, 2016

22 M.R.S. §412 (2011).

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

Template updated 03/2012

**District: Penquis District**

**Date: March 11, 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>**

### **Presentation from of Hospital Implementation Strategies.**

A review of hospital implementation strategies (IS) and where they fit in the top five health indicators for the Penquis district. Discussion about alignment of IS in district public health improvement plan. Discussion to how to align other non-healthcare partners IS in the district public health improvement plan.

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

- Review and analysis of the information collected at three Community Engagement forums
- Prepare and plan for the discussion to select district priorities for the District Public Health Improvement Plan

### **Progress Shared Health Needs Assessment Planning Process :**

The steering committee has identified themselves as the Community Engagement Committee along with other key healthcare partners to executed four District Forums, end of FY '15 beginning FY '16

#### **Action Steps:**

- The Piscataquis County Community Engagement Forum was held at The Mill in Dover-Foxcroft on November 12. Forty-one people attend and there was representation from a variety of sectors including, public health, healthcare, local/state government, and community coalitions. The Community Engagement forms have been completed and have been sent to be uploaded to the website.
- The Penobscot County Community Engagement Forum was held at Jeff Catering in Brewer on November 18. Sixty-three people attend and there was representation from a variety of sectors including, public health, healthcare, local/state government, and community coalitions. The Community Engagement forms have been completed and have been sent to be uploaded to the website.
- The Northern Penobscot County/Millinocket Forum was held at Millinocket Regional Hospital on December 1. Ten people attended and there was representation from a variety of sectors including, public health, healthcare, local/state government, community coalitions and schools. The Community Engagement forms have been completed and have been sent to be uploaded to the website.
- Northern Penobscot County/Lincoln Forum was held. Twenty-eight individuals attended the session.
- There were a couple of sessions held by other partners at the local level.

### **District Partner success story:**

- The SHNAPP Community Engagement Forums finally wrapping up after four successful district forums. Nearly 150 people in have been engaged in the process. We had a multi-



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

disciplinary group of healthcare and public health professional that put in several hours of planning as well as implementing into the forums.

- The Lincoln Forum brought together a community hospital and the local FQHC to joint plan. The two entities had never done any joint community health planning. This was a big success in the community and help to further future planning relationships going forward.
- Hospital partners have also been communicating with the DCC and are planning to submit implementation strategies for potential alignment with the District Public Health Improvement Plan.

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

#### **New members:**

Sandy Fortin, Executive Director, Green Gem Holistic Healing Oasis

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

- Partnership to Improve Community Health grant with EMHS, multi-district
- Save a Life Drug Task Force, Lincoln
- Hoarding Taskforce, District
- 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**



**District: Western**

**Date: March 16, 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 Western District Executive Committee continues to meet regularly. Recently the EC has focused on recruitment, reengaging membership, and planning for the Shared Health Needs Assessment and Planning Process forums. The district held a full council meeting on February 12, 2016. The presenter was Sue Mackey Andrews and the topic was Adverse Childhood Experiences.

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

The DCC EC is working with district partners to develop community forums for the Shared Health Needs Assessment and Planning Process. The first community wide forum took place at Telstar High School in Bethel on January 23, 2016. There were approximately nineteen attendees. The second one was held on January 25, 2016 at Oxford Comprehensive High School, there were about 39 attendees; and the third one was held on February 2, 2016 at Telstar High School and had about 24 attendees. Androscoggin is scheduled to have their forums on March 14, 2016 at Lewiston Public Library and on March 22, 2016 at Auburn City Hall. Franklin County is scheduled to have one on March 16, 2016 at Spruce Mountain Middle School.

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

**Obesity:** This group did not meet last quarter. The group has been having a difficult time connecting with key players that are needed to attend the meeting. There is a plan for how to move on and set up another meeting during the current quarter.

The Franklin County sub-group of the Obesity Work group has met and is moving forward. This group is interested in determining where healthy foods are located in the County so that the group can let people know where these resources are and increase the resources if possible. This group is in the process of preparing a Survey Monkey so that we can reach out to community members to assist with this project.

**Communications and Coordination Work Group:**

The Communications and Coordination work group continues to be chaired by Jim Douglas of Healthy Oxford Hills, and to focus on the use of the InsightVision digital strategy mapping and project management tool in the Western Public Health District.

Work on the development and deployment of the InsightVision tool slowed over the last 6 months, and in the last quarter especially, due to capacity issues. Without dedicated staff time allocated to the license-holding partners for data and content entry, progress on filling in the programmatic details of the strategy maps for Healthy Food (addresses Obesity priorities), Behavioral Health (addressing substance abuse and mental health issues), and Active Living (also connected with Obesity work), has not progressed significantly. The exception has been the Community Safety strategy map, which addresses issues of interpersonal, domestic, and sexual violence. The addition of a new work group member who agreed to dedicate time to entering information into this map has made the difference. Unfortunately, this content is not currently a District priority. Discussion with other HMPs in the district about options for allocating similar staff time to DPHIP related maps is recommended.

**Behavioral Health Work Group:**

The Behavioral Health District work group made some progress this quarter:

- a. DCC leaders gathered and agreed that:
  - i. leadership for this work group can remain with Healthy Androscoggin now that their new Substance Abuse Services Manager has been hired. Future updates for this DPHIP priority are expected to be provided by this HA staffer.
  - ii. Taylor Owens, SA Prevention Specialist with Healthy Oxford Hills, will serve on the District Behavioral Health work group and act as the district representative of the Behavioral Health work group of the Oxford County Wellness Collaborative.
  
- b. Integration of the work of the Western Maine Addiction Task Force (WMATF), with its focus on heroin and opiate addiction reduction, into the Behavioral Health strategy map of the OCWC and Western Public Health District continues on several levels:
  - i. Taylor Owens has become the coordinator for the WMATF, enhancing communications and assisting with convening meetings. This provides needed capacity as well as optimizing strategic alignment of WMATF efforts with those of Oxford Hills Substance Abuse Task Force (which assists with HMP substance abuse prevention programming), and also the Behavioral Health work group of the OCWC.
  - ii. Taylor is also working with the WMATF on a strategy map in InsightVision developed specifically for this work. This map is a draft that was used in December, 2015 in a national webinar co-hosted by Bill Barberg, CEO of Insightformation, and this writer, as an example of managing community-based strategies to combat opioid abuse and addiction. See draft map below.

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# Statewide Coordinating Council for Public Health District Coordinating Council Update



District: York District

Date: 03/17/2016

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. Recently the DCC has focused on furthering DPHIP priorities and completing the SHNAPP forums throughout the district. Discussion has also focused on the ever increasing concerns with opiate usage and the role of the DCC in helping to be a resource along with making sure all who are working on the issue are working together.

***The last full Council meeting was a SHNAPP Community Forum.***

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

The council held three SHNAPP forums December 14th 2015 in Wells, January 28th 2016 in Sanford, and February 11th 2016 in Biddeford. Breakout sessions focused on Obesity, Mental Health, and Substance Abuse. Approximately 40 people attended each forum with new partners reached during the process.

We are currently setting up monthly meetings to ensure district work aligns with the work being done by the healthcare system to ensure maximum benefit to the community.

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

### **HOARDING TASK FORCE:**

Work Continues on the hoarding task force to align services with the Cumberland taskforce and Eastern Maine Health Systems Visiting Nurses out of South Portland. A Hoarding 101 seminar will be offered on Friday May 13<sup>th</sup> in the Sanford area.

### **OPIATE TASK FORCE:**

There is a strategic planning meeting on March 14<sup>th</sup>. This meeting is to look at current treatment and recovery options within York County, to look at gaps and to try and address them with the available resources. Due to the proximity to the SCC meeting and update of this event will be provided in person but not in this report.

### **PUBLIC HEALTH EMERGENCY PREPAREDNESS:**

This work group is busy working with the University of New England to partner on a Point of Dispensing exercise this fall. The hope is to engage university students to participate in the event, and hopefully recruit them as volunteers. While providing a test of York Counties ability to setup and staff a POD.

### **OBESITY:**

The Obesity work group met Dec 2, 2015, with a focus SHNAPP. They met again on Feb 3 with 10 in attendance. The group had a presentation from Jamel Torres and Tom Reinauer from Southern Maine Planning and Development Commission. They are sponsoring Complete Streets training on March 23. The meeting concluded with excellent networking opportunity.