



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
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STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH SEPTEMBER 24, 2015

AGENDA

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

Room 209, 2nd floor, Augusta Armory, 179 Western Avenue

Call-in Information: Call number: 877-455-0244; Passcode: 8793033495

- 11:00** Welcome, Review Agenda (*Ken Albert/Shawn Yardley*)
- 11:05** Introductions
- 11:15** Strategic Planning Process Update (*Ken Albert*)
- 11:45** Choosing Wisely Campaign (*Kellie Slate Vitcavage, Maine Quality Counts*)
- 12:00** Membership Committee Report (*Joanne Joy*)
- 12:10** Voting for Executive Committee (*Ken Albert/Shawn Yardley*)
- 12:30** Break
- 12:45** SHNAPP Update and District Engagement (*Nancy Birkhimer*)
- 1:00** State Epidemiologist Introduction (*Lori Wolanski*)
- 1:15** Opioid Addiction in Maine (*Christopher Pezzullo*)
- 1:55** Next Steps
- 2:00** Adjourn

Purpose of the SCC

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

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



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**Statewide Coordinating Council for Public Health
Meeting Minutes for June 18, 2015 12:30 am to 3:30 pm
Augusta Armory, Room 209, 179 Western Avenue, Augusta, ME**

In attendance:

Members

Kenneth Albert, Andy Coburn, Jim Davis, Kristen Dow, Nancy Dube (via Adobe), Joanne Joy, Betsy Kelly, Robin Mayo, Doug Michael, Geoff Miller, Bill Primmerman, Kristi Ricker (via Adobe), Toho Soma, Martha Webster (via Adobe), Shawn Yardley, Cheryl Zwingman-Bagley

Others

Carrie McFadden, Patty Duguay, Kate Marone, Adam Hartwig, Clay Graybeal, Jamie Comstock, Al May, James Markiewicz, Lori Wolanski, Deb Wigand, Nancy Birkhimer, Jamie Paul, Joanne Joy, Christopher Pezzullo, Jessica Fogg (via Adobe), Kate Perkins (via Adobe), Stacy Boucher (via Adobe), Kathy Vezina, Charles Dwyer, Raya Kouletsis, Peter Michaud

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

Work Force Development Retreat Overview and Exercise. Kathy Vezina, Daniel Hanley Center, presented the results of the June 1st Public Health Leadership Summit. The Summit was the culmination of collaborative efforts between many partners including USM, UNE, city health departments, MPHA, Maine CDC, etc. to look at public health work force development. At the Summit, participants identified necessary leadership and management skills. Kathy asked members of the SCC to add any skills they thought were missing from the lists provided and several were added to each list:

Leadership Skills Needed

- Group facilitation skills (Bill)
- Value diversity and differences (Kristi)
- Ability to define/articulate a clear vision (Ken)
- Ability to inspire others (Doug)
- Ability to foster/create smart public policy(bullet #7, Doug)
- Cultural and other lifestyle awareness (bullet #9, Kristi)
- Cultural "proficiency" vs. "awareness"; also reference to health disparities (bullet #9, Joanne)
- Ability to implement strategic planning and define/measure metrics (Ken)
- Proactive vs. responsive (bullet #5, Raya)
- Proactive and responsive (bullet #5, Charles)
- Ability to engage/advocate for youth in the public health work force (Geoff)

Management Skills Needed

- Deeper understanding of what data means (bullet #2, Al)
- Teaching skills (Peter)
- Skills to support, engage and energize staff (Chris, Betsy)
- Ability to facilitate group dynamics (Ken)
- Human resource competencies (Ken)
- Contract management skills (Ken)
- Awareness of fraud/waste/abuse (Ken)
- Basic negotiation skills (James)
- Sense of humor (Carrie)
- Understanding/broadening the environment of public health (Shawn)
- Understanding of management systems; go-to people/HR (Bill)
- General quality improvement skills (Nancy)

Recap of the SCC Executive Committee Strategic Planning Retreat. Efforts are very limited and the time period will be for the next 2 years, aligning with the SHIP. The SHIP is a very important document that is driving strategic planning for our government, the SCC and the DCCs as we move forward. It is being informed by various populations/communities from around the state.

Goal #1: To make the SCC more relevant to private/public health systems planning and coordination.

Strategies:

- Communicate method to inform the SHIP agenda
- Identify and be responsive to emerging health threats
- Align membership with SHIP priorities
- Create a culture of value-added participation
- Create a forum for the SCC to articulate good outcomes

Goal #2: Promote strategic engagement of stakeholders and communities in delivery of essential public health services

Strategies:

- Reissue letters of invitation to identified stakeholders
- Agenda development
- Doing a gap analysis for the DCCs around impact on communities and meaningful contributions
- To create a more robust alignment between the DCCs and the SCC
- Strategic outreach to relevant stakeholders to advance the agenda

Goal #3: Develop a communication plan

Strategies:

- Define an SCC communication strategy with stakeholders and communities
- Assist the DCCs in defining and communicating district outcomes around priorities
- Create a minute format to align with the new agenda structure
- Identify opportunities to advocate for and define the value of public health

The next strategic planning meeting will be held on July 14th to define measures of success, identify the timeline and then create a strategic work plan.

Seat Vacancies/Subject Matter and Leadership Gap Analyses/Nominating Procedure.

Review of SCC membership list reveals that 8 memberships are lapsing in either June or September, 2 people have had job changes, 1 person is leaving, and 10 people have not met the minimum attendance requirement of 75% (automatic termination as an SCC voting member).

There are 35 different opportunities for filling the 23 SCC seats, 12 of which are statutorily required. A Membership and Nominating Committee will be formed, with the Committee also considering the SHIP priorities when choosing nominees. We are required to have all 10 EPHS represented in membership.

If you're currently a voting member, let Shawn (yardleyvc@husson.edu) or Joanne (i.joy@healthycommunitiesme.org) know if you're still interested in sitting on the SCC and what essential public health service(s) or SHIP priority(ies) you represent. If you know of any possible candidates, please also let them know.

Elections for the Executive Committee will also be looked at by the Committee.

Joanne Joy made a motion to extend to September the terms of those appointments ending in June. Robin Mayo seconded the motion and after a vote, the motion was passed.

Review of Minutes from March 18, 2014 Meeting. Minutes were accepted and approved.

Accreditation Update. Kate Marone provided a brief update on accreditation activities. On June 11th, with much fanfare, all of Maine CDC's documentation was uploaded electronically to PHAB!

SHNAPP/SHIP Status Report. Nancy Birkhimer provided an update to the SHNAPP and SHIP – please refer to handout.

District Updates. Please refer to handouts.

Adjourn. Meeting adjourned at 3:15 PM

Next Meeting: September 24, 2015 from 11:00 AM 2:00 PM, Room 209, Augusta Armory

State Coordinating Council Executive Council Strategic Planning Session

Statewide Coordinating Council for Public Health: Clarity of Purpose

1. To advise and inform the Maine CDC regarding policy and program development to insure the delivery of the ten EPHS (Title 5, section 12004-G, subsection 14-G)
2. To define, advocate and engage in best practices for Public Health
3. To communicate, leverage resources and engage in collaborative thinking that has a positive impact on public health

Statewide Coordinating Council for Public Health: Roles and Responsibilities

1. Inform the development and implementation of the State Health Improvement plan (SHIP) as the primary document to target federal and state funding allocations.
2. Identify and inform needs and opportunities for further health improvement of Maine.
3. Communicate and message public health information more effectively (coordination and resources/tools).
4. Assist the Public health system attain and maintain its accreditation by helping in planning and coordination efforts.
5. Continue to support the coordinated and comprehensive statewide Health Needs Assessment process (SHNAPP).
6. Create an open forum for collaborative discussion that includes sharing of ideas and evidence based best practices.
7. Establish and maintain the active engagement and participation of stakeholders and interested parties.

Goal 1: Make the SCC more relevant to private and public health system planning and coordination

Strategy 1: The SHIP informs the agenda for SGC efforts

Strategy 2: Identify emerging health issues

Strategy 3: Align membership with SHIP priorities

Strategy 4: Create a culture of value-added participation (increase ROI)

Strategy 5: Advise on the creation of a dashboard to display/communicate SGC outcomes

Strategic Work plan

1. a) Executive Committee implements the agenda by September 24, 2015;
b) support staff from CDC captures in the minutes what the agenda details;
c) The executive committee reviews the minutes on a recurring basis

Measures of Success/Metrics

1. Standing agenda item that is SHIP - - successes, opportunities for improvement (challenge areas), functioning as a think tank, tapping into expertise around the table.
2. Over the course of the year, all of the priorities identified in the SHIP would be addressed in the agenda - - successes, challenges, requests for collaboration/best practices
3. The agenda that includes emerging issues/topics over the course of the year and identifies available/needed resources (including policy development)
4. Health organizations (public and private) bring issues to the SCC for problem solving and contribution of expertise
5. Number of agenda items generated outside of the SCC Executive Committee (such as online suggestions for topics and speakers)
6. Functioning membership committee, criteria matrix of membership representation created based on statute, disparities, geography and SHIP, gaps analyzed relative to SHIP, robust pool of candidates identified by SGC and DCC's to fill the gaps, recruitment practices identified and implemented; diversity of membership is captured (skills, experience)
7. 23 active members on the SCC and appropriate stakeholders invited and engaged interested parties participating.
8. Incorporate polling tool for meeting evaluations (polleverywhere.com) - - not free, but cost effective
9. Create a dashboard (different from the annual report required to the Legislature) of indicators that allow the SCC and Maine CDC to track infrastructure capacity and priority health outcomes (may be identical to what some agencies are already reporting on a quarterly basis to the SHIP).
10. Identify the categories and measures that exist, inform the development of a dashboard, and promote the implementation and dissemination on a regular basis. "One Stop SHNAPP"

Timeline

Goal 2: Promote strategic engagement of stakeholders and communities in the delivery of Essential Public Health Services

Strategy 1: Reissue letters of invitation to identified stakeholders (3 year term)

Strategy 2: Agenda Development/Design around SHIP priorities/Situation Assessment

Strategy 3: Gap Analysis for DCC's impact on community and meaningful contributions

Strategy 4: Create a more robust alignment between DCC/SCC

Strategy 5: Strategic outreach to current stakeholders to contribute/advance agenda

Strategic Work plan

Measures of Success/Metrics

Timeline

Goal 3: Develop a Communication Plan

Strategy 1: Define SCG communication strategies

Strategy 2: Assist DCC's in defining and communicating district outcomes and priorities

Strategy 3: Annual Report

Strategy 4: Minutes of meetings format development and public posting with Executive Summary

Strategy 5: Advocate and define value of Public Health for Maine people

Strategic Work plan

Measures of Success/Metrics

Timeline

Spreading Choosing Wisely® in Maine

Kellie Slate Vitcavage, MS
September 24, 2015



210 Walnut Street • Suite 820
Philadelphia, PA 19106-3699
215.146.3330 | 800.441.2246 x 3330
www.abimfoundation.org



Introduction



- **Choosing Wisely®** is initiative of ABIM Foundation
- Intended to help physicians and patients **engage in conversations** about overuse of tests and procedures
- Supports physician efforts to help patients make smart and effective care choices

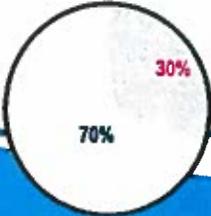




Choosing Wisely

[All About Choosing Wisely - Video Link](#)

Up to 30% of health care in the U.S. is unnecessary



Maine Quality Counts
Better Health Care. Better Health.

2

Choosing Wisely Medical Partners

Societies That Announced Lists April 2012

- American Academy of Allergy Asthma & Immunology
- American Academy of Family Physicians
- American College of Cardiology
- American College of Physicians
- American College of Radiology
- American Gastroenterological Association
- American Society of Clinical Oncology
- American Society of Nephrology
- American Society of Nuclear Cardiology

Societies That Announced Lists February 2013

- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Otolaryngology-Head and Neck Surgery Foundation
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American College of Rheumatology
- American Geriatrics Society
- American Society for Clinical Pathology
- American Society of Echocardiography
- American Urological Association
- Society of Cardiovascular Computed Tomography
- Society of Hospital Medicine
- Society of Nuclear Medicine and Molecular Imaging
- Society of Thoracic Surgeons
- Society for Vascular Medicine

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3

Choosing Wisely Medical Partners

Societies Announcing Lists Later

- American Academy of Dermatology
- American Academy of Nursing
- American Academy of Orthopaedic Surgeons
- American Academy of Physical Medicine and Rehabilitation
- American Academy of Sleep Medicine
- American Association for Pediatric Ophthalmology and Strabismus
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Rheumatology – Pediatric Rheumatology
- American College of Surgeons
- American Headache Society
- AMDA—The Society for Post-Acute and Long Term Care Medicine
- American Medical Society for Sports Medicine
- American Society of Anesthesiologists
- American Society of Clinical Oncology
- American Society of Hematology
- American Society for Radiation Oncology
- American Thoracic Society
- The Endocrine Society and American Association of Clinical Endocrinologists
- Heart Rhythm Society
- North American Spine Society
- Society of Critical Care Medicine
- Society of General Internal Medicine



American Academy of Family Physicians



Five Things Physicians and Patients Should Question

1. **Don't do imaging for low back pain within the first six weeks, unless red flags are present.**
Imaging such as x-rays, CT scans, and MRIs are not recommended for low back pain unless there are red flags such as bowel or bladder dysfunction, saddle anesthesia, or progressive motor deficit.
2. **Don't routinely prescribe antibiotics for acute mild to moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.**
Antibiotics are not recommended for acute sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.
3. **Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.**
Screening for osteoporosis with DEXA is not recommended for women younger than 65 or men younger than 70 with no risk factors.
4. **Don't order annual electrocardiograms (ECGs) or any other cardiac screening for low-risk patients without symptoms.**
There is no evidence that routine ECGs or other cardiac screening tests reduce mortality in low-risk patients without symptoms.
5. **Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer reasons.**
Pap smears are not recommended for women younger than 21 or who have had a hysterectomy for non-cancer reasons.

Clinical evidence-based lists

American Academy of Family Physicians:

Five Things Physicians and Patients Should Question



Introduction



- Recognizing importance of physicians and patients working together, leading specialty societies, along with Consumer Reports, have joined *Choosing Wisely* to help improve quality and safety of health care in America



Major foundation of
Choosing Wisely is
"5 Questions"
&
Patient Brochures



5 QUESTIONS to Ask Your Health Care Provider Before You Get Any Test, Treatment, or Procedure

1. **Do I really need this test or procedure?** Medical tests help you and your health care provider decide how to treat a problem. And good procedures help in actually treat it.
2. **What are the risks?** Will there be side effects? What are the chances of getting results that aren't accurate? Could this lead to more testing or another procedure?
3. **Are there simpler, safer options?** Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.
4. **What happens if I don't do anything?** Ask if your condition might get worse -- or better -- if you don't have the test or procedure right away.
5. **How much does it cost?** Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

Use the 5 questions to talk to your health care provider about which tests, treatments, and procedures you need -- and which you don't need.

Have medical tests, treatments, and procedures provide you benefits. And in some cases, they can even cause harm.

Talk to your health care provider to make sure you end up with the right course of care--one you might not get on your own.



Consumer Reports



Choosing Wisely
An initiative of the AHRQ Foundation

Chest X-rays before surgery
When you need them and when you don't

ACR
ASCA

Choosing Wisely
An initiative of the AHRQ Foundation

Treating sinus problems
Don't rush to antibiotics

Choosing Wisely
An initiative of the AHRQ Foundation

Choosing Wisely
An initiative of the AHRQ Foundation

Treating sinus problems
Don't rush to antibiotics

Choosing Wisely
An initiative of the AHRQ Foundation



Other Choosing Wisely Consumer Partners

These organizations, working with Consumer Reports, are joining Choosing Wisely to help disseminate information & educate patients on making wise decisions:

- AARP
- Alliance Health Networks
- Midwest Business Group on Health
- Minnesota Health Action Group
- National Business Coalition on Health
- National Business Group on Health
- National Center for Farmworker Health
- National Hospice and Palliative Care Organization
- National Partnership for Women & Families
- Pacific Business Group on Health
- SEIU
- The Leapfrog Group
- Union Plus
- Wikipedia

Tools and resources can be found at: www.consumerhealthchoices.org



Spreading Choosing Wisely in Maine: 2015-17



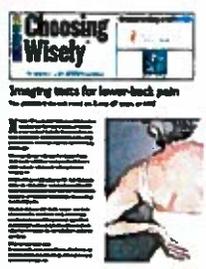
- 2nd round ABIM funding to QC to spread CW
- Focus on messaging to public in two communities
 - Bath/Brunswick
 - Greater Bangor
- Effort specifically focused on efforts to move beyond the walls of the clinical setting, using community awareness and foster CW conversations to promote quality of care and improve safety by reducing unnecessary care



Spreading CW in Maine High Priority Focus Areas

- Use of Antibiotics for acute bronchitis in older adults
- Advanced imaging for low back pain
- Use of benzodiazepines in older adults > 65 years

Goal: Reduce unnecessary use of tests and treatments to achieve a 20% utilization reduction for the three high priority areas.



Doctors of pediatric look to help curb

Upper respiratory infections usually need some early drug and other medications. And sometimes you need a hospital stay. In the U.S., children over 20 million a year.

You may need an antibiotic if you have one of the following signs and symptoms:

- You have a fever that doesn't get better in 48 hours. Or 6 goes lower and then it goes back up.
- You have a fever of 101° F, or three over 100.4° F for 3 days in a row, or your pediatrician or other pediatric doctor says you do in a row.

You have bacterial pneumonia:

- Symptoms include cough (with or without sputum), fever of at least 100.4° F, chills, decreased breath, and chest pain like you take a deep breath.
- The diagnosis is made with a physical exam and chest X-ray.

You have strep throat:

- Symptoms include sudden onset pain, pain when swallowing, a fever of at least 100.4° F, and swollen glands.
- The diagnosis should be done with a rapid strep test, which gives a result in the office.

If you have these possible conditions, follow the directions carefully and take all your pills. This helps prevent the spread of germs.

How to manage respiratory infections

Signs and symptoms:

- Runny nose, sore throat, cough, and red, watery eyes.
- Fever, chills, and muscle aches.
- Stuffy nose, cough, and sore throat.
- Coughing, sneezing, and watery eyes.
- Sore throat, fever, and swollen glands.
- Stuffy nose, cough, and sore throat.
- Coughing, sneezing, and watery eyes.
- Stuffy nose, cough, and sore throat.
- Coughing, sneezing, and watery eyes.

When symptoms:

- Stay home if you are sick.
- Stay home if you have a fever.
- Stay home if you have a cough.
- Stay home if you have a sore throat.
- Stay home if you have a runny nose.
- Stay home if you have a watery eye.
- Stay home if you have a headache.
- Stay home if you have a stomach ache.
- Stay home if you have a rash.
- Stay home if you have a change in your behavior.
- Stay home if you have a change in your breathing.
- Stay home if you have a change in your color.
- Stay home if you have a change in your energy.
- Stay home if you have a change in your appetite.
- Stay home if you have a change in your sleep.
- Stay home if you have a change in your mood.
- Stay home if you have a change in your personality.
- Stay home if you have a change in your interests.
- Stay home if you have a change in your abilities.
- Stay home if you have a change in your preferences.
- Stay home if you have a change in your opinions.
- Stay home if you have a change in your values.
- Stay home if you have a change in your beliefs.
- Stay home if you have a change in your attitudes.
- Stay home if you have a change in your behaviors.
- Stay home if you have a change in your actions.
- Stay home if you have a change in your reactions.
- Stay home if you have a change in your responses.
- Stay home if you have a change in your feelings.
- Stay home if you have a change in your emotions.
- Stay home if you have a change in your thoughts.
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- Stay home if you have a change in your concepts.
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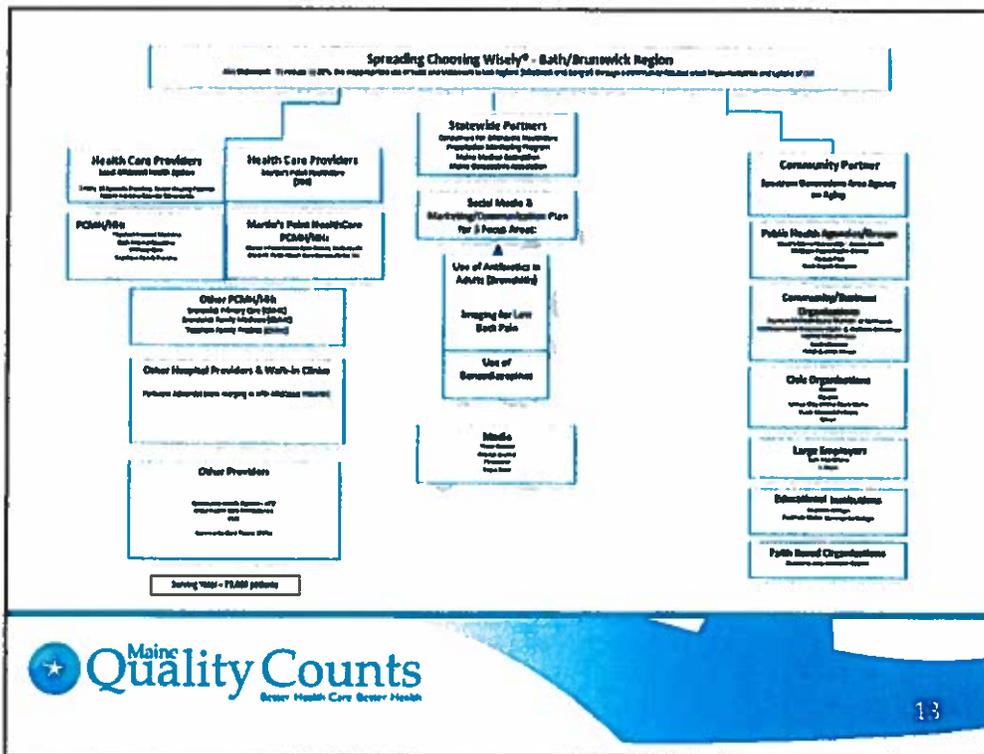


Choosing Wisely

In partnership with the AHA Foundation

When you need them and when you don't

A guide to when and how to use medicines, tests, and procedures. It helps you and your doctor make the best choices for your health.



Maine Quality Counts
Better Health Care. Better Health.

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OC News
Five STEPS Practices Significantly Improve Child Immunization
Maine Center for Economic Policy Rate of the State Transforming Health Care in Maine
OC 2013 draws over 800 to address Triple Aim
New Tool: How to Use Patients Feedback to Improve Care
More Hospitals Improve Care for Patients as part of National Patient Safety Goals

Other News
Maine Department of Health and Human Services Request for Information on "Stage II" Health Homes
The year of the... May 12 at Lifetime, Orono
Fragmented Care Leads to Higher Costs (Healthcare Finance News, 4/26/13)
Seeking Innovative Medical Educators Interested in Teaching Value and Choosing Wisely (AGM Foundation 4/19/13)
Dana, Duke and Pennell Fundamentals of Research

Quality Counts
Conduct a quality check for health care providers, consumers and other stakeholders
Learn more...

Quality Counts

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16

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Maine Choosing Wisely
Choosing Wisely™ is an initiative of the AGM Foundation to help physicians and patients engage in conversations about the overuse of tests and procedures and support physician efforts to help patients make smart and effective care choices. Recognizing the importance of physicians and patients working together, leading specialty societies, along with Consumer Reports, have joined Choosing Wisely to help improve the quality and safety of health care in America.
As part of Choosing Wisely, each participating specialty society has created lists of "Five Things Physicians and Patients Should Question" that provide specific, evidence-based recommendations physicians and patients should discuss to help make wise decisions about the most appropriate care based on their individual situation.
Maine Quality Counts (QC) is leading a multi-stakeholder effort to develop a Maine Choosing Wisely initiative that will focus on the major strategies for implementing Choosing Wisely across the state.

Choosing Wisely
An initiative of the AGM Foundation

Maine Choosing Wisely
About the Campaign
Patient/Consumer Resources
Health Care Provider Resources
Maine Quality Counts
AGM Foundation Blog
Consumer Reports Health

Maine Quality Counts
Better Health Care. Better Health.

17

For More Information

- **For Health Care Providers:**
 - Choosing Wisely: www.choosingwisely.org
 - ABIM Foundation: www.abimfoundation.org
- **For Consumers:**
 - Consumer Reports: www.consumerhealthchoices.org
- **For Providers & Consumers:**
 - Maine Quality Counts: www.mainequalitycounts.org
 - Twitter: @MEQualityCounts
- **QC Staff:**
 - Lisa Letourneau MD, MPH: lletourneau@mainequalitycounts.org
 - Kellie Slate-Vitcavage: kslatevitcavage@mainequalitycounts.org



OPIATES: THE MAINE ISSUE

Christopher Pezzullo
Chief Health Officer | Maine DHHS

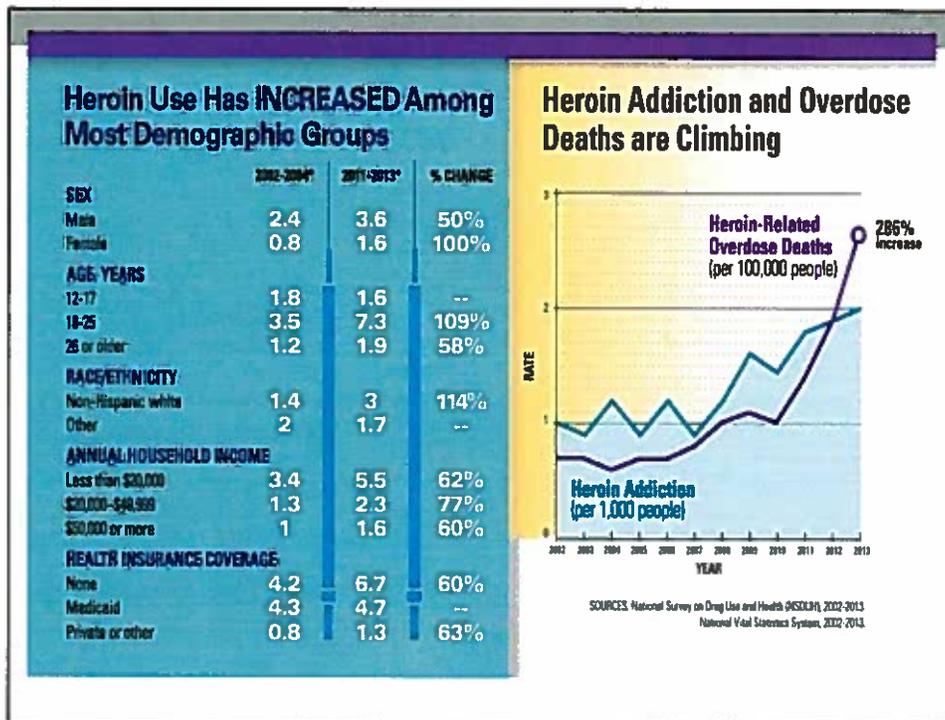
**Heroin use is
increasing, and so
are heroin-related
overdose deaths.**

How is heroin harmful?

- Heroin is an illegal, highly addictive opioid drug.
- A heroin overdose can cause slowed, shallow breathing that can lead to coma or death.
- People often use heroin along with other drugs or alcohol. This practice is especially dangerous because it increases the risk of overdose.
- Heroin is typically injected but is also smoked or snorted. When people inject heroin, they are at risk of serious, long-term viral infections such as HIV, Hepatitis C, and Hepatitis B, as well as bacterial infections of the skin, bloodstream, and heart.

Who is most at risk of heroin addiction?

- People who are addicted to prescription opioid painkillers
- People who are addicted to cocaine
- People without insurance or enrolled in Medicaid
- Non-Hispanic whites
- Males
- People who are addicted to marijuana and alcohol
- People living in a large metropolitan area (or rural areas)
- 18 to 25 year olds



Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

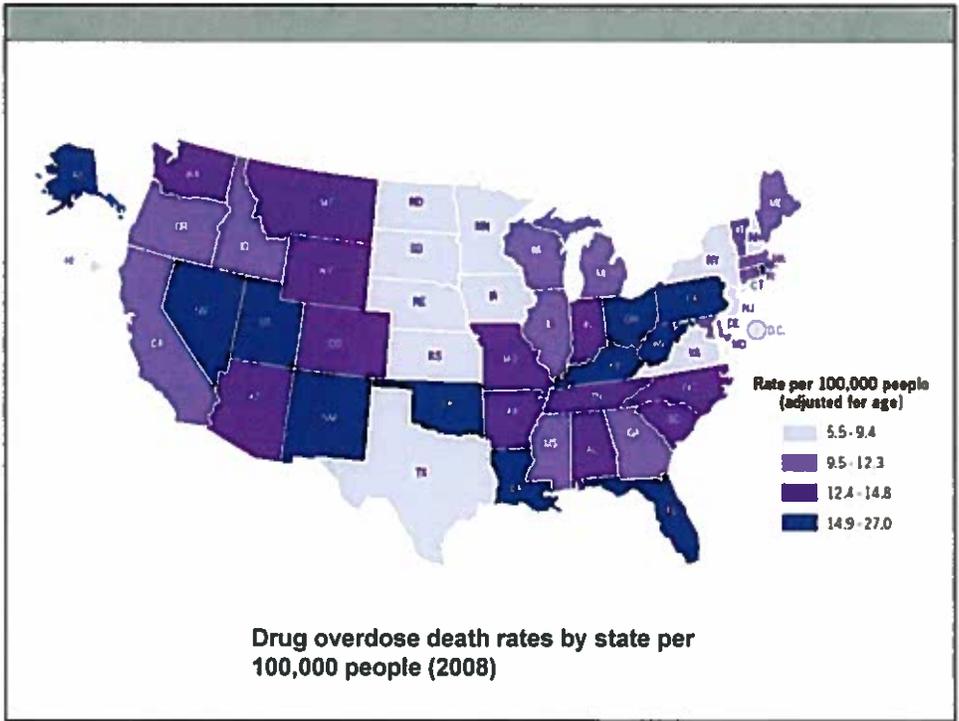
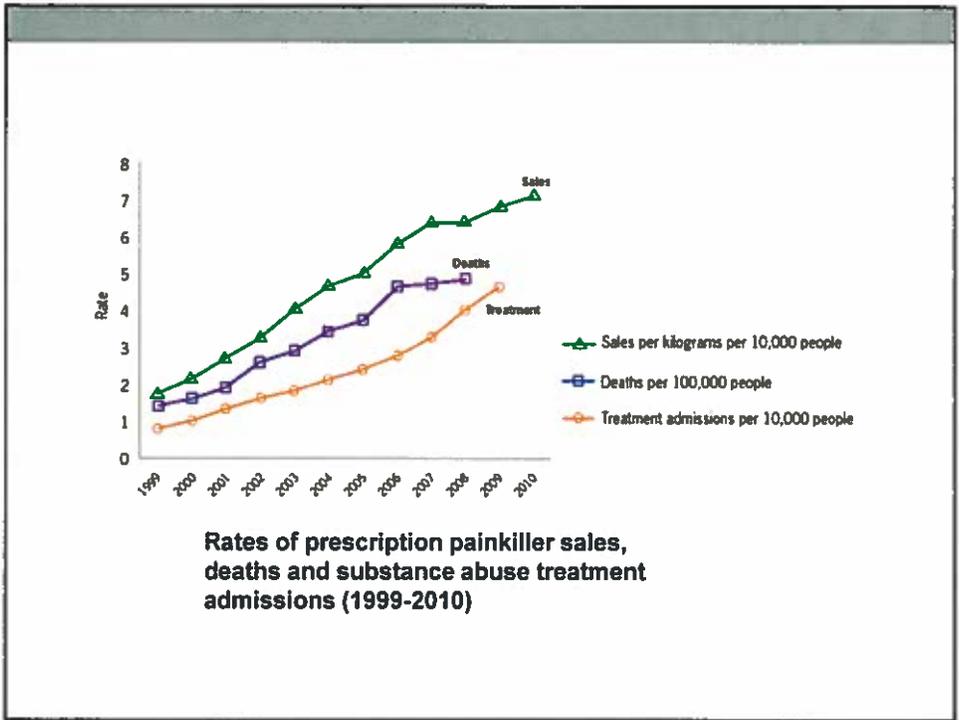
Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

			
ALCOHOL	MARIJUANA	COCAINE	Rx OPIOID PAINKILLERS
are	are	are	are
2x	3x	15x	40x

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013



What Can Be Done?

The US government is

- Tracking prescription drug overdose trends to better understand the epidemic.
- Educating health care providers and the public about prescription drug abuse and overdose.
- Developing, evaluating and promoting programs and policies shown to prevent and treat prescription drug abuse and overdose, while making sure patients have access to safe, effective pain treatment.

States can

- Start or improve prescription drug monitoring programs (PDMPs), which are electronic databases that track all prescriptions for painkillers in the state.
- Use PDMP, Medicaid, and workers' compensation data to identify improper prescribing of painkillers.
- Set up programs for Medicaid, workers' compensation programs, and state-run health plans that identify and address improper patient use of painkillers.
- Pass, enforce and evaluate pill mill, doctor shopping and other laws to reduce prescription painkiller abuse.
- Encourage professional licensing boards to take action against inappropriate prescribing.
- Increase access to substance abuse treatment

Individuals can

- Use prescription painkillers only as directed by a health care provider.
- Make sure they are the only one to use their prescription painkillers. Not selling or sharing them with others helps prevent misuse and abuse.
- Store prescription painkillers in a secure place and dispose of them properly.*
- Get help for substance abuse problems if needed (1-800-662-HELP).

Health insurers can

- Set up prescription claims review programs to identify and address improper prescribing and use of painkillers.
- Increase coverage for other treatments to reduce pain, such as physical therapy, and for substance abuse treatment.

Health care providers can

Follow guidelines for responsible prescribing, including

- Screening and monitoring for substance abuse and mental health problems.
- Prescribing painkillers only when other treatments have not been effective for pain.
- Prescribing only the quantity of painkillers needed based on the expected length of pain.
- Using patient-provider agreements combined with urine drug tests for people using prescription painkillers long term.
- Talking with patients about safely using, storing and disposing of prescription painkillers.*

Use PDMPs to identify patients who are improperly using prescription painkillers.

Responding to the Heroin Epidemic



PREVENT
People From Starting Heroin

Reduce prescription opioid painkiller abuse.
Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE
Heroin Addiction

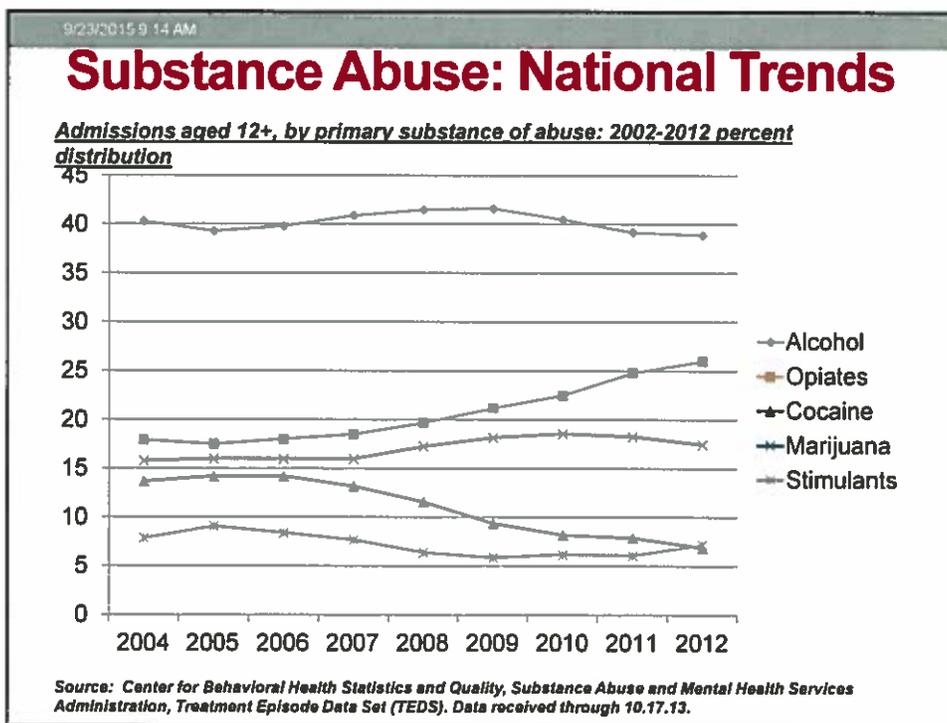
Ensure access to Medication-Assisted Treatment (MAT).
Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

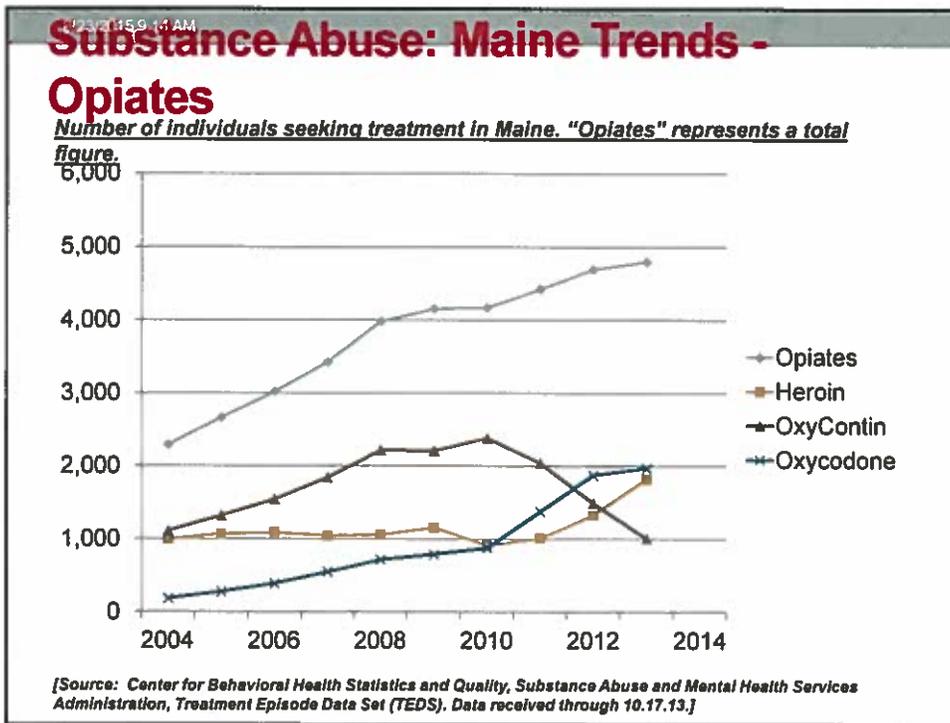
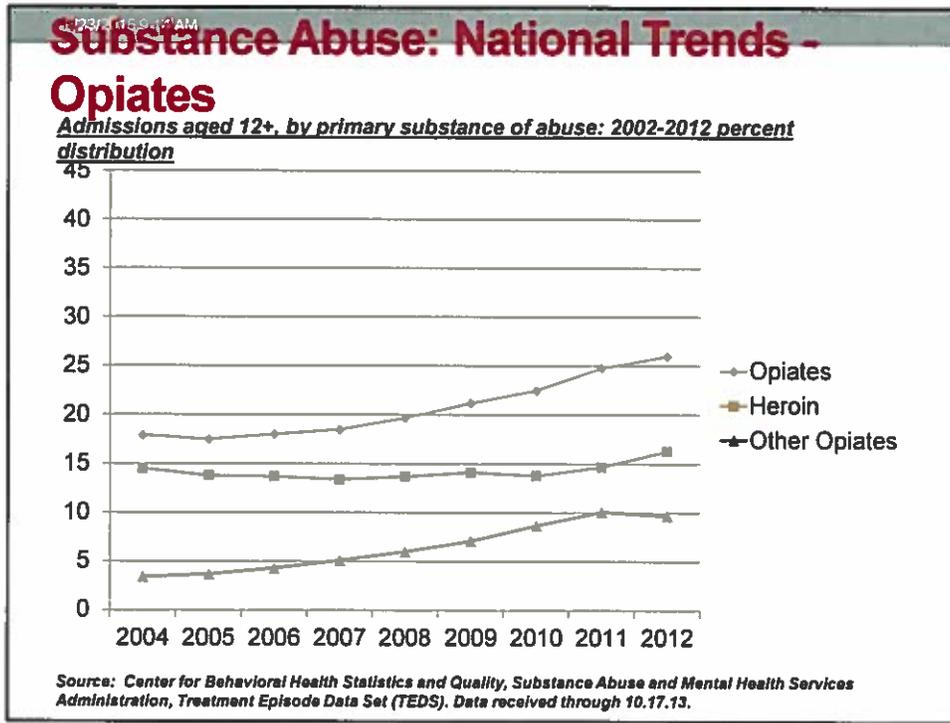


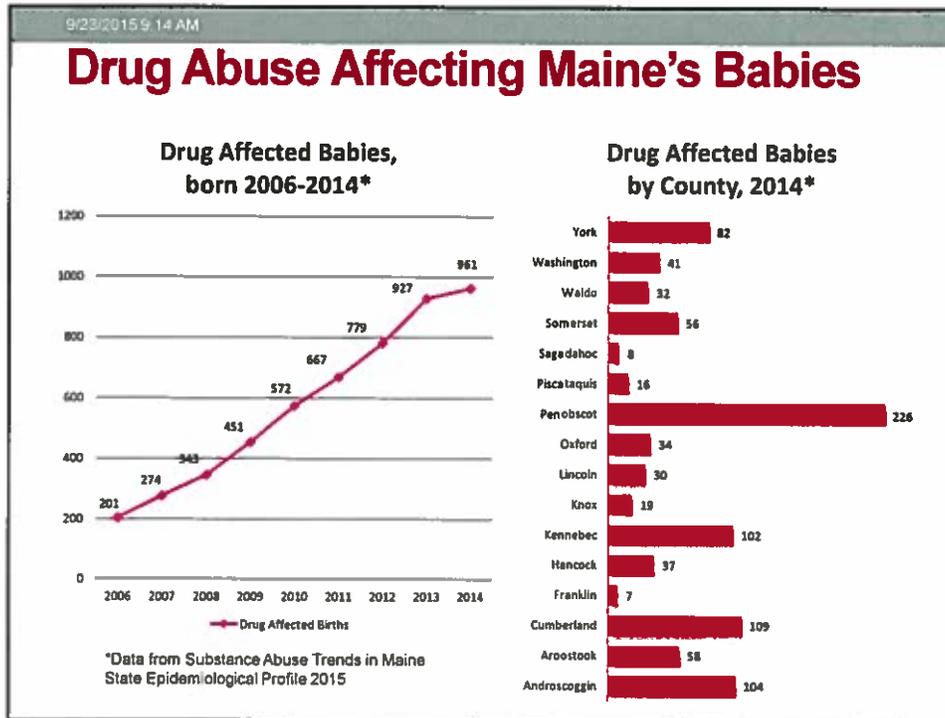
REVERSE
Heroin Overdose

Expand the use of naloxone.
Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC VitalSigns, July 2015
SOURCE: CDC VitalSigns, July 2015







9/23/2015 9:14 AM

Prescription Monitoring Program: Accountability in Prescribing

A PMP patient report helps a prescriber identify duplicative prescribing, dangerous drug interactions and may deter patients from doctor shopping by identifying patients obtaining prescriptions from multiple doctors or pharmacies.

In general the PMP helps:

- identify patients that are at-risk of overdose or negative health outcomes
- identify suspects engaged in abuse, fraud, forgery, and diversion of controlled substances
- identify practitioners engaging in illegal or illicit practice or inappropriate prescribing/dispensing
- educational resource for healthcare stakeholders (i.e., Regulatory Boards) on proper medical/pharmacy practice
- Use of PDMP for research/epidemiological resource for trends in controlled substance use and to inform policy
- identify regional variations in the prescribing and dispensing of controlled substances
- Analyses of PMP data can track trends and geographic patterns of problematic prescribing, such as possible pill mills, as well as the characteristics and demographics of those at risk for prescription drug abuse, including youth and young adults.



Dosing Limits

Minimum:
30mg or less of Morphine Sulfate equivalent- exempt from PA process

Maximum:
<300mg of Morphine Sulfate equivalent- maximum allowed dose



Results after first year

Comparing 2012 to 2013:

- Nearly 10,000 fewer MaineCare members received a prescription for opioid medications.
- 69,227 fewer prescriptions were filled for MaineCare members.
- 5,874,109 fewer opioid pills were dispensed to MaineCare members.
- 1,108,202 fewer days' supply were dispensed to MaineCare members.

PMP Opioid Data- State of Maine

Statewide Opioid Utilization by Payer Source				
PAYER SOURCE	Recipient Count	Rx Count	Qty Dispensed	Days of Supply
TOTAL- 2012	335,990	1,224,629	81,743,690	19,456,079
TOTAL - 2013	312,870	1,183,452	77,275,507	18,862,450
TOTAL- 2014	324,121	1,223,516	80,323,827	20,202,989
Change 12 to 13	23,120	41,177	4,468,184	493,629
Percent Change	-7%	-3%	-5%	-3%
Change 13 to 14	11,251	40,064	3,048,320	1,240,539
Percent Change	4%	3%	4%	7%
Change 12 to 14	11,869	1,113	1,419,863	(746,910)
Percent Change	-4%	0%	-2%	4%

MaineCare

Statewide Opioid Utilization by Payer Source				
PAYER SOURCE	Recipient Count	Rx Count	Qty Dispensed	Days of Supply
Medicaid- 2012	89,559	356,174	22,144,541	5,457,844
Medicaid- 2013	74,394	286,947	16,270,432	4,349,642
Medicaid- 2014	50,497	218,250	12,236,397	3,386,985
Change 12 to 13	15,165	69,227	5,874,109	1,108,202
Percent change	-17%	-19%	-27%	-20%
Change 13 to 14	23,897	68,697	4,034,034	959,657
Percent change	-32%	-24%	-25%	-22%
Change 12 to 14	39,062	137,924	9,908,144	2,067,859
Percent change	-44%	-39%	-45%	-38%

Commercial Insurance

Statewide Opioid Utilization by Payer Source				
PAYER SOURCE	Recipient Count	Rx Count	Qty Dispensed	Days of Supply
Commercial Insurance- 2012	159,173	608,399	41,581,042	9,745,468
Commercial Insurance- 2013	159,998	574,557	38,424,810	9,162,868
Commercial Insurance- 2014	178,879	658,365	43,856,430	10,791,020
Change 12 to 13	9,175	33,842	3,156,232	582,578
Percent Change	-5%	-6%	-8%	-6%
Change 13 to 14	18,881	83,808	5,431,621	1,628,132
Percent Change	12%	15%	14%	18%
Change 12 to 14	9,706	49,966	2,275,388	1,045,554
Percent Change	6%	8%	5%	11%

MaineCare

Statewide Opioid Utilization by Payer Source Jan-June				
PAYER SOURCE	Recipient Count	Rx Count	Qty Dispensed	Days of Supply
Medicaid- 2012	57,463	177,813	11,168,229	2,734,405
Medicaid- 2013	51,927	154,885	8,926,455	2,324,907
Medicaid- 2014	30,345	101,110	5,447,593	1,528,870
Medicaid- 2015	30,032	106,121	6,188,596	1,689,989

Commercial Insurance

Statewide Opioid Utilization by Payer Source Jan-June				
PAYER SOURCE	Recipient Count	Rx Count	Qty Dispensed	Days of Supply
Commercial Insurance- 2012	106,473	307,391	21,307,473	4,961,612
Commercial Insurance- 2013	93,861	268,750	18,039,348	4,267,654
Commercial Insurance- 2014	100,717	292,898	18,903,615	4,640,753
Commercial Insurance- 2015	117,317	350,599	23,987,652	5,943,697

Methadone: Progress through Recovery

A new way to look at Methadone treatment:

- ✓ If its not working, change it – it is not succeeding if people aren't getting better and their lives aren't improving.
- ✓ Treatment for addiction is bigger than showing up at a clinic – it needs to be a component of a persons entire life and healthcare.

DHHS is focused on three key areas to improve outcomes and increase recovery for Medicaid members receiving Methadone treatment.

1. Strengthen criteria to engage in treatment.

2. Improve standards of treatment to ensure people actually recover.

3. Increase oversight of clinics, to ensure quality and improved coordination of care.

Issues to Recognize and Address:

- Prevent Initiation! (FDA, Pharma, "Pain-free culture", alternatives to pain meds, culture of addiction/disparities/ACES)
- Prescribing Practices (limits, PMP, Pain Scale, issues of polypharmacy)
- MAT (Suboxone, Methadone, Vivitrol)
- Naloxone Access/EMS
- Angel Program (started in Gloucester, MA, replicating in towns in Maine)
-
-
-
-
-
-



Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: September 24, 2015
<p>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</p>	
<p>Ongoing or upcoming projects or priority issues: <u>DCC Board Education conducted 8/05/15:</u> Commissioner Mayhew was the DCC guest presenter; Topic: DHHS: Success, Opportunities, Pressures and Priorities <u>Upcoming Aroostook DCC dates of interest:</u> DCC Meeting / Shared Health Needs Assessment Forum 11/04/15 9:00-12:00 Steering Committee 10/07/15 1:00p-3:00p Coordinated Approach to Care Management Subcommittee 9/15/15 Training: DHHS Homeward Bound Program / LTC Ombudsman Program – Presenter scheduling conflict rescheduled to Nov 2015. Work on updating Care Manager Directory and Committee charter. Health and Risk Communications Subcommittee Q3 Priority Messaging: Stroke Awareness</p>	
<p>Progress with District Public Health Improvement Plan: ❖ Activities planned for completion during the quarter – 10/06/15 Electronic Death Registry training for Pines Health Services/Cary Medical Center Death Certifiers 10/06/15 MaineCare long term care application training with TAMC IP/OP Care Management staff</p>	
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> • The DCC has expressed an interest in developing a Board and Community Education Subcommittee – vote to formalize is pending • DCC (sub)committee charter template developed by DCC Steering in process of being presented, reviewed and edited with committee specific data and recommendations. 	
<p>In-district or multi-district collaborations: Continued partnership with Aroostook Regional Transportation System regarding disbursement of emergency travel funds to medical appointments for eligible populations.</p>	
<p>Other topics of interest for SCC members: None this quarter</p>	

District Name

1

Date

22 M.R.S. §412 (2011).

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

District: Central

Date: September 24, 2015

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at: <http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml> At the July 28 DCC meeting, we heard updates from the DPHIP workgroups, our SCC Representative, the Maine SHNAPP Coordinator, and meeting attendees. We focused on 'Mapping Community Resources & Data', starting with Malindi Thompson from MaineGeneral Center for Prevention and Healthy Living presenting the new PICH Grant real-time maps of community resources for health care provider and navigator use, and showing us how to use free tools to make our own resource/information maps. Then Karyn Butts and Rebecca Lincoln from Maine CDC showed us how to use the Maine Environmental Health Tracking mapping tools.

Ongoing or upcoming projects or priority issues: Shared Health Needs Assessment & Planning, Community Engagement, and next DPHIP cycle; MGMC/District Oral Health Implementation Grant from MeHAF/Maine Oral Health Funders and increasing/sustaining resources for community health workers; Vaccination Workgroup communication on flu immunization efforts; 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 school flu immunization clinics held this fall
- ▶ Oral Health Workgroup met – reorganized to meet requirements of implementation grant; hired Community Health Worker to assist priority populations and with health care outreach/ navigation
- ▶ Mental Health & Substance Abuse Workgroup -- no meeting this quarter

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: added Jackman/PCHC representative & filling school nurse gaps in Vaccination Workgroup coverage; added MaineHealth rep

In-district or multi-district collaborations: SHNAPP, Oral Health Implementation Grant; MGMC PICT Grant; Senior Transportation; Poverty Action Coalition; Somerset County Health Rankings meeting 9/14

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.



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

Template updated 03/2012

District: Cumberland

Date: 9/24/2015

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

Ongoing or upcoming projects or priority issues:

- The new orientation process for potential DCC members continues on an as needed basis. It includes an extra one-hour welcome session before DCC meetings whenever there are new members attending for the first time (open to existing members and Interested parties as well), a virtual "binder" of orientation materials, and a "buddy" system for an established Council member to check in with the new member before the next meeting and see if they have any questions, have identified a committee of workgroup to get involved in, etc.

Progress with District Public Health Improvement Plan:

- Priorities selected:
- Obesity/Physical Activity/Nutrition
 - Tobacco
 - Flu Vaccination
 - Healthy Homes
 - Health Equity
 - Public Health Preparedness
 - STDs/Reproductive Health
 - Mental Health & Substance Abuse

(Infrastructure priorities remain EPHS #3/Educate, #4/Mobilize, and #7/Link people to services)

- Workgroups and/or collaborative initiatives continue on the majority of priorities. With so many priorities, reporting back to the full Council and creating sufficient opportunities for full Council input is a challenge –written progress reports on DPHIP priorities are submitted on 4 priorities for each Council meeting.
- Examples of DPHIP strategies:
 - Tobacco workgroup developed an e-cigarettes resource. This was a collaborative project between the tobacco work group led by Healthy Lakes/Rivers and Healthy Portland staff People can contact Jana Richards if they would like to use the sheet in their service area.
 - 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.
 - The Cumberland County Excessive Heat draft version 8 was reviewed by some workgroup member's final edits is being made currently and the larger plan will be available for the full councils review.

Cumberland District

6/14/12

22 M.R.S. §412 (2011).

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Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

- Obesity: All schools received replacements for soda ads on scoreboards, A few schools chose to remove ads altogether and not replace the soda ad with a water product. We are completing final check to see if replacements have been put up – have followed up on a couple of schools who had not gotten around to making the switch. Committee met on September 3 to discuss new project --- we will focus on town owned recreational facilities to get them to voluntarily remove the soda ads seen in town owned athletic fields, gyms and swimming pools. A list of town owned facilities is being compiled and committee members will be visiting sites over the next 4-6 weeks.

Structural and Operational changes, including updates in membership.

- Zoe Miller, from Opportunity Alliance, Healthy Lakes HMP Director has reconvened The CDPHC Membership. As a result the new orientation process has begun, and has provided orientation for new members from various sectors. The group is also looking for new members for the remaining sectors.

In-district or multi-district collaborations:

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

The Greater Portland Refugee & Immigrant Healthcare Collaborative has created a new structure for the many initiatives that the Collaborative has developed. Using a Collective Impact approach, there is now a Coordinating Body that determines the structure, decision making process, and roles and responsibilities; the Constellation houses the several initiatives that members have been working on: dental care, primary care, ACA enrollment, vision care, behavioral health, and health promotion; the Collaborative is for interested parties to develop new ideas. This new structure adds formality to the work of the Greater Portland Refugee & Immigrant Healthcare Collaborative and provides a solid framework for the group.

Other topics of interest for SCC members:

DCC members have started robust conversations about their roles in the opiate epidemic and seasonal influenza

Cumberland District

2

6/14/12

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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: 24 September 2015

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

May 29 at Mano en Mano in Milbridge with twenty-two participants (Adobe Connect was utilized=seventeen in person and five electronically)

The agenda action items:

- Overview of Vulnerable Population Communication Plan: Jane Coolidge facilitated a discussion around the process and messaging.
- DPHIP Workgroups: two of the three workgroups met to continue their work.
- DPHIP Workgroup focus: Environmental Health provided an overview and led a discussion to gain feedback on their well water outreach.
- Jared McCannell provided short overview of Maine Responds and Medical Reserve Corps.
- Utilized exercise breaks and fresh foods.

July 24, 2015 was cancelled.

Next meeting will be September 25 (9:00 am to 12:00 pm) at Mano en Mano in Milbridge.

Meetings in 2015: January 23, March 27, May 22, July 24, September 25, & November 20.

Executive Committee Meetings

July 24 2015 via Conference Call.

- SCC Representative Orientation
- Executive Committee Terms/Election
- Executive Committee Vacancies and Bylaws
- Membership
- SHNAPP
- Next call is scheduled for June 26.

August 28, 2015 via Conference Call.

- September meeting agenda
- Membership Committee and Member Criteria /Update Member Form
- Value Work Plan

Downeast District

1

September 18, 2015

¹Section 5. 22 MRSA c. 152

A district coordinating council for public health shall:

1. Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation;
2. Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
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Public Health
Maine

Statewide Coordinating Council for Public Health District Coordinating Council Update

- SCC Representatives and Meetings
- SHNAPP Community Engagement
- Next call is scheduled for October 23.

Ongoing or upcoming projects or priority issues:

- Medical Reserve Corp formation
- Food Access Issues, Anti-Hunger Campaign, and Supporting Pantries.
- Aging Population and determining systems approach to opportunities for better health.
- County or local partner emergency preparedness exercises.
- Vulnerable Population Communication Plan.
- Transportation in Washington County Intern Work Plan.

Progress with District Public Health Improvement Plan:

- Environmental Health=well water awareness and testing outreach.
- Food Access and Policy=on hold.
- Clinical Health Care System==finalize toolkit, process document, and materials for screening initiative.

Structural and Operational changes, including updates in membership.

- District Council Membership = update member form; clarify criteria; update current member list and consider various sectors; membership committee to be formed.
- Executive Committee Slate Elections in November.

In-district or multi-district collaborations:

- Ongoing Behavioral Health Integration Project in Washington County.
- Ongoing Gay Straight Alliance project in Washington County for supporting schools in creating safe environments for students.
- Maine Health Foundation has active funding projects in Achieving Better Health in Communities, Thriving in Place, and Health Care for the Uninsured.
- Aging Task Force work in both counties.
- Substance Abuse Treatment Task Force in Hancock County.
- Health Care Organizational Crosswalk in Washington County.

Other topics of interest for SCC members:

- Hanley Health Leadership Intern created a list of recommended 'seeds' to be planted, that is: user friendly transit information, tracking transportation need for medical visits through health center EMR, utilizing fixed routes in town hubs, etc.

Downeast District

2

September 18, 2015

²Section 5. 22 MRSA c. 152

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

Template updated 03/2012

District: MidCoast

Date: 9/24/15

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at:

<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml>

Ongoing or upcoming projects or priority issues:

- The Shared Health Needs Assessment & Planning Process is next on the DCC's priority list. The DCC has reached out to Jayne Harper to participate in our September meeting to educate members on the process, timeline and expectations around SHNAPP. We have also dedicated a portion of the December agenda to presentation of the Community Health Needs Assessment Data to begin community engagement. Members of the DCC Steering Committee will also be participating in a Midcoast SHNAPP Community Engagement Committee to discuss, develop and coordinate forums throughout the district along with hospital representatives.
- Successes: The Behavioral Health subcommittee continues to work with area agencies including law enforcement and emergency management on medication collection events. The annual fall medication collection is scheduled for Saturday, Sep 26 from 10:00 till 2:00. At some sites valuable health and emergency preparedness information may be available as well as the opportunity to talk with emergency management and law enforcement representatives.
- Fourth Annual Aging in Place Symposium co-hosted again with Spectrum Generations is scheduled for September 17 and promoted to the entire district. Finding the Courage and Confidence to Age My Way—In My Community is the theme for this fall's community conversation. Keynote speaker is Lenard Kaye, D.S.W./PH.D, and Director of the Maine Center on Aging at the University of Maine.

Progress with District Public Health Improvement Plan:

DPHIP priority subcommittees (Transportation and Behavioral Health) continue work on topic related issues.

- The Behavioral Health Committee has identified the uptick in heroin use as a possible topic of education for our district. Sheriff Joel Merry of Sagadahoc County will present to the DCC in December on the issue.
- The Transportation Committee continues to monitor state-level advocacy efforts through our coalition partners at CEI, Inc in Wiscasset. Transportation continues to be a challenge in the Midcoast area that is really a public infrastructure issue offering few concrete opportunities that are workable for District wide activities. We continue to monitor for advocacy opportunities and will review this priority for continuation in our next District Public Health Improvement Plan.
- "Emerging Issues" committee is ongoing to keep the DCC informed by way of speakers, trainings, communication and advocacy. This committee will allow us to flesh out some of the issues that need more data or strategies for the district to act, have other strong leaders and that we can support or advocate for at the local or state level, or may emerge and need a response outside our DPHIP process (e.g. vulnerable

MidCoast District

1

6/14/12

22 M.R.S. §412 (2011).

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Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

populations, tick borne disease).

Structural and Operational changes, including updates in membership.

- The steering committee conducted a gap analysis of the membership. Sector gaps were identified and potential members identified. The next step in the process is outreach to the identified potential members to inquire whether they are willing and able to join the DCC. Once steering committee members have contacted individuals, a steering committee and membership roster will be developed for presentation to the entire DCC for a vote. We anticipate this happening at the scheduled December meeting.

In-district or multi-district collaborations:

- Multiple "Drug Takeback" locations for the September event will be in place throughout the district. Locations are being promoted widely on social media and through outreach activities.
- Collaboration opportunities continue to be a standing DCC agenda item. At our last DCC meeting we connected with new community members/agencies that had been invited to join the DCC and accepted. We are excited to include members from organizations not previously involved with the DCC and look forward to expanded collaborations.
- As mentioned earlier, moving forward the DCC will be actively engaged in the SHNAPP process. Working on the development and coordination of forums throughout the district along with hospital representatives.

Other topics of interest for SCC members:

- Healthy Lincoln County recently announced staff transitions that include the selection of Kate Marone as the new Director at a 40% FTE level while she completes her responsibilities for the State of Maine accreditation efforts at 60% FTE; Tom Mahoney, MPH will join the staff as Project Manager on 10/13/2015. Patricia Buck-Welton was promoted over the summer and became a full time Project Assistant at HLC effective 9/1/2015.
- Healthy Lincoln County was awarded a five year Drug Free Communities grant from the federal Office of National Drug Control Policy & Substance Abuse Mental Health Services Administration. This initiative leverages past work in the community and expands capacity while being fully integrated with state supported work plans and begins 10/1/2015.
- Access Health just received a SAMHSA "Now is the time – Project Aware", which will allow them to partner with NAMI to provide Youth Mental Health First Aid county in their service area. The goal is to train 1,000 youth serving adults by the end of the three year cycle. The interest and concern has grown out of the work they have done leading the DPHIP Behavioral Health priority committee.

MidCoast District

2

6/14/12

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: September 11, 2015

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>

Dr. Daniel Onion, Director (emeritus), Maine-Dartmouth Family Practice Residency, Professor of Community and Family Medicine, Geisel School of Medicine at Dartmouth College presented.

- 40⁺-year continuous effort to improve health in a rural Maine county, population 30K, with multiple community-wide interventions.
- Tracked population participation, individuals risk factor improvements, and, where possible, prevalence changes, as well as hospitalizations per capita, and age-adjusted mortality rates stratified by household income.
- Those outcomes improved contemporaneously with the interventions
- “Downstream” improvements in clinical health care access
- “Upstream” community prevention programs to decrease prevalence of
 - a. CV risk factors, and
 - b. Unhealthy behaviors (Footnote 1.)

Ongoing or upcoming projects or priority issues:

- DCC 2015-2016 Planning SHNAPP forum

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 develop the District Forums.

Action Steps:

- The committee has identified two dates for District Forums Nov. 12 in Dover-Foxcroft and Nov. 18 in Brewer. Those dates have been sent to Jayne Harper so a presenter can be assigned to present at each meeting. A third date will be identified for the Millinocket/Lincoln area.
- Market material is being prepared and was shared with the community engagement committee. The meeting invitations will be sent at the end of September.

District Partner success story:

- **Hoarding**-Several district partners are working on a pilot project to help Local Health Officers and social service providers with hoarding cases. The Eastern Maine Hoarding Taskforce scheduled a training hosted by presenter Eric Grainger, MSW from the Shalom House. The “Hoarding 101” will be held on Monday, October 5th Bangor Housing Authority. Participants will learn about; the features that define compulsive hoarding; the impact hoarding has on our

1. Community-Wide Cardiovascular Disease Prevention Programs and Health Outcomes in a Rural County, 1970-2010

J Am Med Assoc 2015;313(2):147-155



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

community; expanding local resources, and case studies.

- **Marijuana in the New Millennium-** The Bangor Public Health Advisory Board's Substance Abuse Task Force in partnership with Bangor Public Health and Healthy Acadia hosted two events (daytime and evening) in the Greater Bangor Area on Wed September 23rd geared toward providing the community and key-leaders with up-to-date information about today's marijuana (trends, data, and policy). National expert provided the most current marijuana-related public health and safety data, and information on emerging trends. Local leaders outlined the current marijuana policy landscape in Maine, share Maine-specific data, and explore the role of community norms and values around these issues in our state.

Structural and Operational changes, including updates in membership.

New members:

Angel Gilberti – Wabanaki District- HMP

Nilda Cravers-University of Maine School of Nursing

In-district or multi-district collaborations:

- Partnership to Improve Community Health grant with EMHS
- Poverty/ ACEs
- Hoarding Taskforce
- Community Health Leadership Board
- Thriving in Place (MeHAF Grant Initiative)
- Healthy Communities (MeHAF Grant Initiative)

Other topics of interest for SCC members:

None at this time

1. Community-Wide Cardiovascular Disease Prevention Programs and Health Outcomes in a Rural County, 1970-2010

J Am Med Assoc 2015;313(2):147-155



Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Wabanaki

Date: 09/24/15

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:

- Our District completed a strategic planning process. We have been working with the Office of Health Equity and a consultant to complete a SWOT analysis, identify gaps, and select priorities for the entire Wabanaki District. We are currently developing the objectives under each of the identified priorities.
- Working to develop an evaluation plan that would allow us to measure the impact of our work in the Tribal communities.
- POD trainings are being planned in the Pleasant Point, Indian Township and Micmac communities in coordination with Maine CDC Public Health Emergency Preparedness (PHEP).
- Working with PHEP on the installation of the MS CommNet Radios at all of the Tribal Health Centers or Command Centers in each of the five communities.

Progress with District Public Health Improvement Plan:

- Tribal Council's in all five communities have passed Tribal Resolutions to create Community Action Committees (CAC). The committees will function as our local community coalitions. They incorporate all sectors of Tribal government, as well as community members.
- The CAC's will be analyzing the data from the Waponahki Assessment, prioritizing health issues and eventually developing individual Community Health Improvement Plans (CHIP) in each of the five Tribal communities.
- The Aroostook Band of Micmac's Community Action Committee has held two meetings, to date. The committee is currently prioritizing the health issues to include in their CHIP. This Tribe was also a recipient of the Maine Health Access Foundation's Healthy Communities grant and our District is working in collaboration with the community on this grant. Under the MeHaf grant, Substance Abuse was selected as the area of focus.
- The Penobscot Nation held their first CAC meeting on Sept 23, 2015, more information to come.
- The other three communities are still in the organization stage and are expected to begin meeting in the upcoming quarter.
- Continued involvement with Penquis, Aroostook, and Downeast DCC's

Wabanaki

1

09/24/15

22 M.R.S. §412 (2011).

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Structural and Operational changes, including updates in membership.

- There are now multisector community coalitions in all five of our communities that incorporate all Tribal Government departments and participation has been mandated by the Tribal Councils and Leadership of those communities.

In-district or multi-district collaborations:

- District Liaison, Sandra Yarmal, has been working with the other District Liaisons and the SNAPP Coordinator on how to include the Tribal data into the State Health Needs Assessment. The District will be working with Dr. Patrik Johansson to create a Wabanaki District report based on data from the Waponahki Assessment that is in the same format as the county reports.
- Continued involvement with Penquis, Aroostook, and Downeast DCC's

Other topics of interest for SCC members:

- A journal article was recently published about the community based participatory research effort that took place between the Tribal Health Departments in Maine and the University of Nebraska Medical Center, College of Public Health, in completing the Waponahki Assessment:

Johansson, Patrik & Knox-Nicola, Patricia & Schmid, Kendra. (2015). The Waponahki Tribal Health Assessment: Successfully Using CBPR to Conduct a Comprehensive and Baseline Health Assessment of Waponahki Tribal Members. *Journal of Health Care for the Poor and Underserved* 26(3), 889-907. The Johns Hopkins University Press.

- The District is wrapping up the annual celebrations in each of our Tribal communities, each incorporates health and wellness into their programming and we are actively participating in their planning and activities.
 - The Aroostook Medical Center's Take Flight Health Fair, Sept 26
 - The Houlton Band of Maliseet's Annual Health Fair, Oct 3
- Wabanaki Public Health will be presenting as part of the afternoon panel at the Maine Public Health Association's Annual Conference on the Future of Tribal Public Health in Maine, Oct 6

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 06/2012

District: Western

Date: September 2015

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at:

<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml>

Ongoing or upcoming projects or priority issues:

- The District is looking for new Committee members to have a diverse county and sector representation on the council.
- Steering Committee actively seeking a chair and treasurer, all other positions are filled. Currently co-chair is serving in capacity of chair. The district is also seeking new individual to represent district at SCC, as previous SCC district representative has moved on. This role is temporarily being filled by district lead HMP.

Progress with District Public Health Improvement Plan:

- DPHIP Priorities Update:

Promoting influenza & pneumococcal vaccine for people at risk – Using the template that was created new flu dates and locations for hospitals throughout the Western District have been assembled in brochure format and has been disseminated to partners. This is now to be an annual tool for the Western District.

Development of an electronic collaborative tool – 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 Insight Vision digital strategy mapping and project management tool in the Western Public Health District.

In the last quarter we have:

1. Continued to refine and add detail to the Healthy Food/Obesity strategy map which encompasses the work of the WDCC Obesity work group.
2. Recruited members of all four HMPs in the district to participate in a Summer Strategy Management institute offered by Insightformation, the company which developed and supports the Insight Vision platform. Furthermore, we added the Executive Director of the United Way of Oxford County in the training and as an on-going partner in deploying the tool in our region. As part of 10 week institute, we invited members of the Behavioral Health work group of the Oxford County Wellness Collaborative (OCWC) to work with Scott Gagnon, chair of the Behavioral Health District work group, to develop a working strategy map for mental health and substance abuse issues in the district (to be presented at the October whole WDCC meeting.) Finally, the local Summer Institute team worked in Insight Vision to develop a high level, overall map for the OCWC with the potential of being inclusive of all District work group and HMP work plan priorities. See below.
3. Successfully partnered with the newly developed Western Maine Addiction Task Force. The WMATF is focused on addressing the opioid addiction epidemic occurring throughout the region. The WMATF

District Name

1

Date

22 M.R.S. §412 (2011).

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Statewide Coordinating Council for Public Health District Coordinating Council Update

agreed to come under the strategic umbrella of the Behavioral Health work groups of the OCWC and WDCC. This will set the stage for creating strategies and interventions that are aligned and integrated with existing HMP, MeCDC, and SAMHS initiatives. The WMATF has a draft strategy map in Insight Vision that we expect will be refined by the very diverse and cross-sector membership in the next few months.

Planning for a strategy map in InsightVision addressing the Section 1 elements of infrastructure and capacity development throughout the district was initiated this quarter as well. There are ongoing discussions about the HMP Section 1 work plan, the CCHC core competencies, state public health certification, etc., and how these tools may be easily implemented in the InsightVision tool.

Behavioral Health – The workgroup met this quarter to develop an action plan for the year with a primary objective of gathering information to create a behavioral health strategy map for the Western District. In the discussions it was identified that there were some common structures within the three counties to engage the community in the work. It was agreed that a good first step would be to pull together the behavioral health initiatives currently underway in each county. A tool was identified and modified to capture that information. The synthesis of that information is in process and will be concluded this quarter. Meanwhile, this summer members of the workgroup will participate in a Community Strategy Management Training Program put on by InsightVision. Workgroup members will receive in-depth and hands-on training that will aid in the development of the behavioral health strategy map.

Obesity – Healthy Community Coalition is creating a dissolving workgroup related to Healthy Food in Franklin County based on Healthy Oxford Hills model. The group will meet monthly for 6 months to identify current community assets related to healthy food and to develop strategies around the creation of an equitable, resilient and healthy food system.

This will include an exploration of topics such as affordability and access to healthy food; food policies in places such as schools, child care sites, institutions and workplaces; diversity of participation in local food and healthy eating programs; the local food economy; and knowledge and skills to support healthy eating in our community. The first meeting will be on October 5 from 10-12 at Franklin Memorial Hospital.

On October 14 the Western District Obesity WorkGroup will meet to discuss Healthy Foods updates from the Oxford, Androscoggin and Franklin Food Groups and finalize whether it is appropriate to utilize the InsightVision platform for our district food work.

Structural and Operational changes, including updates in membership.

- None at this time.

In-district or multi-district collaborations:

Other topics of interest for SCC members:

District Name

2

Date

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: York

Date: September 24th, 2015

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

Two Executive Committee (EC) meetings were held by the York District Public Health Council (YDPHC) since the last SCC meeting.

A full council meeting was held on September 16th in conjunction with the Southern Maine Regional Resource Center. This was a tabletop exercise focusing on recovery from a hurricane and the local public health issues that followed, which focused on drinking water, mold, and indoor air quality. This was a successful exercise with 40 participants. The value of working with public health in the long term recovery was stressed, along with the resources of Maine CDC, Disaster Behavioral Health, Maine Responds, and others to ensure a smooth recovery process. An after action report will be forth coming.

Ongoing or upcoming projects or priority issues:

- Continued Recruitment of faith-based, business and private sector membership
- Working on actionable items from the emergency preparedness table top exercise
- Continued development of the Council's strategic work plan
- Revisiting & Strengthening the Council's Governance & Structure
- Continue meeting of the hoarding task force and reconvening of the hoarding support group.

Progress with District Public Health Improvement Plan:

- Activities planned for completion during the quarter: All three DPHIP focus areas work groups continue to meet to guide the work outlined in the DPHIP's focus areas work plans.
- The opiate task force a subset of the behavioral health workgroup is working to plan a public presentation on heroin/ opiate abuse in Sanford on October 13th from 3-5 at City Hall.
- The mental health / hoarding work group is meeting regularly and working with the Portland and Bangor task forces to try and combine efforts to achieve greater success.

Successes Achieved

- **Physical Activity Nutrition and Obesity Workgroup** Obesity work group met August 5, 2015—meeting facilitated by Reagan Brown, Co-chair. Review of past year's accomplishments at partner sites: Hannaford, HMP, YMCA in Sanford and Biddeford, SMHC Peds, Let's Go. SNAP nutrition

York District

1

June 27th, 2013

22 M.R.S. §412 (2011).

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

educators have also been very active in York County this past year. Members of the committee also reviewed plans going forward in 2015/2016. The next meeting is planned for Oct 7 (9-10:30 AM) Webber Conference Room, SMHC, Biddeford. As you know, Reegan has accepted a position in the Let's Go Home Office in Portland. Van will replace Reegan as co-chair of the committee.

- **Membership Review Committee** invited new members from University of New England and York County Community Action to join the executive committee. These individuals should provide valued insight and bring new resources to the group.
- **Public Health Preparedness work group** met twice to talk about developing the table top exercise for the September.
- **Hoarding Task Force** continues to meet and now has a support group for those affected by hoarding and volunteers to work with hoarders in their recovery process. The chair of the group along with Eric Grainger of Shalom House Inc. meet with representatives of Eastern Maine Health Systems to discuss collaborating on expanding services offered both clinical and educational.
- **Opiates Task force:** Is meeting regularly to discuss an upcoming meeting in Sanford in October. This group is also working towards having a meeting of providers to discuss what treatment resources are out there and how to address some of the gaps. More information on both initiatives to follow. This group is also working with the recovery community to provide resources to those in recovery and their families.
- **SHNAPP:** The council formed a planning committee to work on organizing the public forums around the upcoming SHNAPP data release.

Structural and Operational changes, including updates in membership.

Dr. Clay Greybeal of the University of New England, Jeff Caulfield of Maine CDC, and Megan Artzberger of York County Community action, have all joined the council.

In-district or multi-district collaborations:

YDPHC members who also serve as members of the Cumberland District Council provide linkages between district efforts to streamline our work and identify additional opportunities where both DCCs can collaborate.

Other topics of interest for SCC members:

York District

22 M.R.S. §412 (2011).

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