

Department of Health and Human Services
Maine Center for Disease Control and Prevention
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STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH
SEPTEMBER 15, 2016
AGENDA

11:00-2:00 PM (please feel free to bring your lunch)
Room 209B, 2nd floor, Augusta Armory, 179 Western Avenue
Call-in Information: Call number: 877-455-0244; Passcode: 8793033495

- 11:00** Welcome -*Jim Davis, Chair*
- 11:05** Introductions -*Christopher Pezzullo, DO, State Health Officer*
- 11:15** Review of Agenda -*Jim Davis, Chair*
Review of June Minutes
- 11:25** Discussion - Proposed Amendments to Statewide Coordinating Council Operating Principals
(*Christopher Pezzullo*)
- 11:35** SHIP Update (*Nancy Birkhimer*)
- 11:40** Break
- 11:55** SCC Annual Report to the Joint Standing Committee on Health and Human Services –
Brainstorming Session and Next Quarter Assignment (*Christopher Pezzullo*)
- 12:10** District Reports
- 12:30** Children With Health Disparities – Successes and Challenges (*Doug Michael*)
- 1:15** Snapshot of Strategic Planning Results, Recommendations, Next Steps (*Joanne Joy
and Jim Davis*)
- 1:35** SCC Meeting Format (*Christopher Pezzullo*)
- 1:45** Next Steps, Evaluation (*Jim Davis*)
- 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.*

Criteria for Selecting State Health Improvement Plan Priorities

The following criteria were adapted from the criteria being used by the District Coordinating Councils. Not all criteria were used in all Districts, and the SCC may choose to use some of all of these. There is some overlap between criteria.

- **Data driven (1):** Based on the 2016 Maine Shared Community Health Needs Assessment, consider what the data show to be significant issues. This may include areas where Maine has significantly poorer outcomes than the nation as a whole, where stakeholder identified ongoing challenges or where there are greater impacts or higher prevalence than for other issues.
- **Data driven (2):** Based on the planned three-year cycle for the State Health Improvement Plan, Also consider whether short-term and long-term changes can be tracked using data indicators. Although some data indicators may not change substantially in a short time frame, being able to consistently use these data to measure change is important. Shorter-term impacts and intermediate outcomes may also provide important information on determining if specific actions will lead to population health improvement.
- **Strengthen/Assure Accountability:** Consider whether change can be meaningfully measured and whether the public health community can hold itself accountable for changes in outcomes.
- **Maximize impact and optimize limited resources:** Assess existing work being done in the state and determine how best to enhance and not duplicate these efforts. This criterion also speaks to collaboration across state-level partners, bringing the priority home to the specific organization, and leveraging existing resources.
- **Best addressed at the state level:** In Maine, many community actions are very local. However, some issues may be better addressed at a state level. Consider whether the State Health Improvement Plan can provide a platform for collaboration of non-typical partners or be an avenue for policy and environmental change that is more difficult to achieve at the local community level.
- **Gaps in prevention services:** Consider whether a health issue has not been adequately addressed across the state or in some parts of the state. Discussions on root causes, barriers to services, or gap analyses may be an appropriate way to address this.
- **Focus on Prevention:** While some issues may be addressed through treatment in the health care system, the State Health Improvement Plan should focus on whether poor outcomes can be prevented. This may include primary prevention (focus on the entire population), secondary prevention (focus on those at highest risk), or tertiary prevention (focus on those with existing conditions). Social determinants of health (social and physical environmental factors impacting health) should also be considered.

- **Involve multiple sectors:** The State Coordinating Councils includes membership from multiple sectors across the public health continuum. Consider those health issues that can best be addressed by involving multiple sectors.
- **Stakeholder Support:** Be aware of the priorities around the state and seek common ground across the various stakeholders and agencies, as well as in different sectors. Even when stakeholders may not necessarily agree on specific strategies, there may be agreement on what the priorities are.
- **Address health disparities:** Consider whether health disparities can be reduced by addressing a specific issue. Populations to consider as having potential health disparities include racial and ethnic minorities, immigrants, migrant farm workers, lesbian, gay, bisexual, and transgender people, people at low income levels, people with veteran's status, people with lower levels of educational attainment, people with physical impairments (include deafness, blindness and other physical disabilities), people with mental impairments (including those with developmental disabilities and mental illness), people over sixty years old, and youth.



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

Template updated 03/2012

District: Aroostook District	Date: September 8, 2016						
<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: 8/03/16 <u>Board Education</u>: <i>Topic: 1. Maine Integrated Youth Health Survey (MIYHS): Overview, Explanation, and Comparison of Aroostook Data 2. Increasing school participation</i></p> <p>Upcoming Aroostook DCC dates of interest:</p> <table style="width: 100%;"> <tr> <td>DCC Meeting</td> <td style="text-align: right;">11/02/16 9:00-12:00p</td> </tr> <tr> <td>Access to Care Committee</td> <td style="text-align: right;">10/18/16 9:00-11:00a</td> </tr> <tr> <td> <i>Health and Balance in Recovery</i> conference</td> <td style="text-align: right;"> 9/23/16 8:00-5:00p</td> </tr> </table> <p>Caribou Inn and Convention Center Sponsored by: Center for Advancement of Rural Living</p>		DCC Meeting	11/02/16 9:00-12:00p	Access to Care Committee	10/18/16 9:00-11:00a	 <i>Health and Balance in Recovery</i> conference	 9/23/16 8:00-5:00p
DCC Meeting	11/02/16 9:00-12:00p						
Access to Care Committee	10/18/16 9:00-11:00a						
 <i>Health and Balance in Recovery</i> conference	 9/23/16 8:00-5:00p						
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> ❖ DCC will convene ad hoc committees for the purpose of establishing goals and prioritizing resources for each of the 3 topic areas (Obesity, Substance Abuse, and Cardiovascular) – participants have been identified for each priority area and meetings will be scheduled beginning in October to integrate district specific planning efforts required by sub-recipients of Prevention Services funds. 							
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> • In process of researching various funding models used by other public health councils nationally in order to draft a best practice protocol for distribution of DPHIP implementation funds 							
<p>In-district or multi-district collaborations: <i>None to report this quarter</i></p>							
<p>Other topics of interest for SCC members: Activities Impacting Children and Families Facing Health Disparities</p> <p>The Aroostook Medical Center:</p> <ul style="list-style-type: none"> • PI Housing Authority and TAMC have collaborated to provide community outreach services on-site at some of their subsidized housing developments. Based upon input from target population focus groups they have identified partner organizations and provided interactive sessions on topics such as physical activity, art, safety, yoga, cooking, shopping and much more. 							

District Name

1

Date

22 M.R.S. §412 (2011).

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SCC Meeting Evaluation
September 15, 2016

1. Please indicate your member/participation status by checking a category below:

- SCC Member (Voting Member)
 Key Stakeholder (Identified by Letter of Invitation from MCDC)
 Interested Party (All Others)

2. What worked well for you at today's meeting (process, agenda content, facilities, etc)?

3. What could be improved?

4. Did the format of the meeting allow you to participate and feel engaged in the discussion and presentations?

Very engaged

Somewhat engaged

Not engaged

In what ways:

5. What public health-related topics or content would you like to discuss at upcoming SCC meetings?

Thank you!



Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Central	Date: September 15, 2016
<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 At the July 26 DCC meeting we heard updates from our SCC Representative, DCC workgroups, our Maine CDC Field Epidemiologist, and meeting attendees. We discussed plans for the new District Development funding structure, hiring a District Coordinator, and adopted a MOU between the DCC and the new Fiscal Agent, Somerset Public Health/Redington-Fairview General Hospital. We then had the district’s 6 hospitals/health systems give an overview of their new Health Improvement Implementation Strategies for 2016-19 and where there are opportunities for district collaboration; and discussed next steps and other organizations to include.</p>	
<p>Ongoing or upcoming projects or priority issues: Choosing district sub-recipients for the new Statewide Prevention Services contracts; refining district priorities/choosing strategies for this new DPHIP cycle; coordination with hospital Implementation Strategies; MGMC/District Oral Health Implementation Grant and increasing/sustaining resources for community health workers; district transportation services, gaps, and volunteer efforts; recruiting/maintaining sector membership; vulnerable populations HAN; real-time mapping of district resources; ongoing sustainability of successful initiatives.</p>	
<p>Progress with District Public Health Improvement Plan (DPHIP): <i>Activities planned for completion during the quarter and whether activities able to be completed on schedule</i></p> <ul style="list-style-type: none"> ▶ 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 information coordination planned for this fall ▶ 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 before DCC meeting to discuss needs <p><i>Successes achieved</i></p> <ul style="list-style-type: none"> ▶ Awarded 4-year Maine Oral Health Funders implementation grant to prevent dental disease in children, focusing on expansion of oral health care in district clinical settings for children up to age nine and adding a Community Health Worker to work in the northern part of the district on oral health improvement, primarily with low socioeconomic status parents ▶ Collaboration on MGMC PICH grant focused on chronic disease prevention in district medical settings and in geographical areas with especially low socioeconomic status <p><i>Barriers encountered</i></p> <ul style="list-style-type: none"> ▶ Recruiting parents to give input and advise the Oral Health Grant workplan ▶ 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 	
<p>Structural and Operational changes, including updates in membership: implementing new Lead Fiscal Agent/District Coordinator structure; filling school nurse gaps in Vaccination Workgroup coverage; ongoing review of membership and adjusting to turnover/filling gaps in sector representation</p>	
<p>In-district or multi-district collaborations: Oral Health Grant; MGMC PICH Grant; Senior Transportation and Neighbors Driving Neighbors pilot; Poverty Action Coalition</p>	
<p>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.</p>	

SCC Focus Topic for September 2016 – Children Experiencing Health Disparities

1. *What is working really well in your district to support children and families who face health disparities? (one or two examples)*

At the DCC/district level we identified oral health as an area where low socioeconomic status children and parents face significant health disparities (2013). We applied for and received a Maine Oral Health Funders grant to first do a needs assessment and review of evidence-based strategies most appropriate for our area and target population (2014), and then a 4-year implementation grant (2015-2019) to expand care in clinical settings & hire a Community Health Worker (CHW) to work with low socioeconomic status parents in the most underserved areas of the district. This program is working very well and we are looking for funding to expand it to the whole district.

At the sub-district level, 'Ready for School Southern Kennebec' is a program for children with challenges and conditions that foster health disparities.

Also, there is a Medical Home/ECE Toxic Stress Learning Collaborative at Kennebec Pediatrics where:

- Physicians and Early Childhood Education Providers will develop a sustainable partnership to improve the identification of families at risk for toxic stress and to connect them to resources to enhance protective factors
- Children will have regular assessments for stressors and protective factors
- Families of children at risk for toxic stress will be supported by a multidisciplinary approach that includes childcare and pediatrician partners
- Systems for ongoing monitoring and support will be developed to optimize coordination

For more info, see:



annual report.docx

2. *What significant challenges facing children and families with health disparities are not currently well addressed?*
 - Kids with behavioral or other challenges
 - Many more parents are involved with substance use disorders, in foster care, etc.
 - Summer feeding/back pack programs are only making a dent in hunger, but some kids are benefiting. SNAP-Ed directed education to children and families helps
 - poverty
 - transportation
 - integrated services and navigating services
 - direct/peer education on healthy behaviors

Central District

2

9/15/16

22 M.R.S. §412 (2011).

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



District: Cumberland District

Date: 09/15/2016

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

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

The Cumberland District Executive Committee continues to meet regularly. The DCC has begun to plan and discuss process to select new district priorities.

The last full council meeting had the following highlights:

- Toho Soma provided an overview of the United Way's Thrive 2027 campaign
- Tyler St. Clair provided an overview of the American Lung Association's Health Air Campaign

Also of note:

- Cumberland District welcomed a new District Liaison—Kristine Jenkins, and a new District Coordinator—Robin Hetzler.

Ongoing or upcoming projects or priority issues:

The DCC is identified DCC members to serve on a Sub-recipient Selection Team who meet the conflict of interest guidelines provided by the Maine CDC. This team met on September 2nd and completed scoring Applications of Interest bids submitted to implement programs on behalf of the vendors who have been contracted with the state to implement Prevention Services for Maine's Public Health Districts. In Cumberland County those services include Domain 1, 2, and Obesity. Domain 3 Youth Engagement and Empowerment services are to be provided by the vendor Opportunity Alliance.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Progress with District Public Health Improvement Plan:

The District continues to work on DPHIP development, is in the process of selecting new priorities and is on schedule to have a DPHIP approved by the full council in the next few months. Have reached out to our SHNAPP partners in order to align with their priorities. The district is awaiting for guidance on the preferred process the Prevention Services for Maine's Public Health District prior to selecting new priorities.

Structural and Operational changes, including updates in membership:

Kristine Jenkins is now Cumberland County's District Public Health Liaison with the Maine CDC. Her previous experience includes being the Coalition Director for Partners for a Hunger-Free York County for 5 years. Kristine has also worked in the field of environmental health locally and in development internationally.

Robin Hetzler has been hired as the District Coordinator by the City of Portland. She brings lots of experience from her time working for the Medical CDC as a Lead Project Officer with the Healthy Maine Partnerships Initiative and with MCD Public Health as a Program Manager working on substance use prevention and Healthy Maine Streets initiatives.

The council is working on recruiting membership organizations in order to broaden sector representation. Recently elected members including reps from both incumbent and new organizations include Casco Bay CAN (northern Cumberland County DFC coalition), Gorham Schools, City of Portland's PH Department, Epidemiology, USM Muskie School, and EMA.

Part of this effort includes reviewing bylaws and updating as necessary.

In-district or multi-district collaborations:

Other topics of interest for SCC members:

1. What is working really well in your district to support children and families who face health disparities? (one or two examples)
 - a. Partnership with Portland Defending Childhood – ACES/trauma/toxic stress prevention and treatment. Excellent collaboration between public health, mental health and the medical system.
 - b. Data driven work via MMP Quality Analytics team and Population Health to examine and address health disparities. Significant success in immunization rates, diabetes and hypertension.
 - c. High MaineCare coverage rates for pediatric patient resulting in low uninsured rates
 - d. Improved access to pediatric dental care via City of Portland dental program
 - e. Improved access to pediatric mental health resources: integration of behavioral health social workers in pediatric settings.

2. What significant challenges facing children and families with health disparities are not currently well addressed?
 - a. Housing crisis in Portland
 - b. Transportation: decreased access to RTP/MaineCare supported transportation resulting in No Shows
 - c. Parental mental health or substance abuse issues
 - d. Cuts in Public Health nursing: decreased safety net and screening for communicable diseases
 - e. Communication between Child Development Services, WIC, Head Start and the medical providers
 - f. Recommend re-instating DHHS prevention workers – there use to be an excellent program in Portland to work with families prior to them getting to a DHHS report

3. If another community is addressing your key challenge well, what question would you ask of that community?
 - a. Looking for clear and improved partnerships to support families prior to crisis stage (DHHS-CDS-WIC-mental health-medical partnerships)

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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: September 15, 2016

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at: <http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district7/index.shtml>

District Public Health Council Meetings

July 22 at DHHS Offices in Machias and Ellsworth with twenty-one participants (thirteen in Ellsworth, six in Machias, and two electronically).

The agenda action items:

- Deeper Dive: Food Pantries
- DPHIP

Remaining 2016 Meeting Schedule: September 23, and November 18

Executive Committee Meetings: June 24 and August 26 via Conference Call.

- DPHIP Prioritization Process: May, July, and September meetings
- District Development Funding: LFA Process and Contract Preparation
- Sub-Recipient Selection Process

Ongoing or upcoming projects or priority issues:

- Medical Reserve Corp formation (Hancock County start up)
- Aging Population and Housing/Transportation/Services
- Points of Dispensing Site Maps, update MOUs, and establish exercises
- Disaster Behavioral Health Team formation
- National Diabetes Prevention Program Lifestyle Coaching Program at various sites in both counties
- Stanford Chronic Disease Self-Management Program rolled out in 2016
- Stanford Chronic Pain Self-Management Program will roll out in fall 2016.

Progress with District Public Health Improvement Plan:

- 2013 – 2016 DPHIP Committee Reports
- DPHIP Prioritization at May, July, & September meetings; draft plan November.

Downeast District

1

September 5, 2016

¹Section 5. 22 MRSA c. 152

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Structural and Operational changes, including updates in membership.

- District Coordinator to start in September==work plan includes membership gap analysis, review and amend bylaws, decision making process, and operation processes.

In-district or multi-district collaborations:

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

Shared Health Needs Assessment and Planning Process (SHNAPP):

- Hospital Implementation Strategies completed.
- DPHIP prioritization starting.

Other topics of interest for SCC members: September SCC Meeting is Children and Family with Disparities and Services/Challenges.

- A. *What is working really well in your district to support children and families who face health disparities?*
- a. Community Caring Collaborative: created and implemented the Bridging Program for drug-affected newborns that was a successful program when it was managed on a local and integrated level with wraparound services.
 - b. Maternal/Child Health: outreach provided by Public Health Nursing was a successful means of providing medical case management and information to new mothers and families. Maine Families also provides parenting services to new moms.
 - c. Oral Health / Dental Clinics: both counties provide free clinics and sliding scale clinics for dental care. There are also school-based dental clinics in both counties.
 - d. School Located Vaccine Clinics: both counties have continued to utilize local healthcare-school collaborations for providing seasonal influenza vaccine.
 - e. Gay Straight Transgender Alliance Outreach in Washington County Schools.
 - f. Next Step Domestic Violence Program.
 - g. Behavioral Health Services in Hancock County.
 - h. Food Security Councils, Pantry Networks, Gleaning Initiatives, and Summer Food Program in both counties increase access to and distribution of healthy foods at pantries, community meal sites, and school children.

Downeast District

September 5, 2016

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Statewide Coordinating Council for Public Health District Coordinating Council Update

- i. Healthy Acadia working with various partners on Food Insecurity Screening Tool to identify children and families who are food insecure and link to resources.
- B. What significant challenges facing children and families with health disparities are not currently well addressed?*
- a. Generational poverty: how best to communicate and build trust;
 - b. Affordable and healthy housing: no current laws in the state provide a platform for landlords and tenants to expect and towns/court to enforce healthy housing;
 - c. Food insecurity: parents of children and our seniors do not have and/or do not understand how to budget, utilize, store, cook, and reuse food.
 - d. Substance Use Disorder: impact on children; lack of treatment options available; lack of support for positive parenting.
 - e. Transportation / Access to Services: for low income families with children who have special health needs.
 - f. Environmental Health: well water is not being consistently tested and monitored for potential arsenic or other natural contaminants; septic systems are not being maintained that can impact economic areas like clam flats.
- C. If another community is addressing your key challenge well, what question would you ask of that community?*
- a. Challenge: how can your successful program be adapted to the unique qualities of our geographically large, population small district? What aspects might be easily transferable and what aspects would need adaptation?

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District Public Health Improvement Plan Priorities for 2017

Aroostook	Obesity * Drug and Alcohol Abuse * Cardiovascular Disease
Central draft	Substance Abuse & Mental Health * Adverse Childhood Experiences Obesity/Physical Activity & Nutrition * Oral Health
Cumberland	Substance Use * Healthy Weight * Oral Health Care for Children 0-6
Downeast	Cardiovascular disease through Food Security, Nutrition, and Physical Activity * Alcohol and Drug Use* Mental Health (focus on early childhood and school aged children)*
Midcoast	Elevated Lead Levels Mental Health * Obesity *
Penquis	Drug & Alcohol Abuse and Tobacco * Food Security, Obesity, Physical Activity, and Nutrition * Access to Behavioral Care/Mental Healthcare * Poverty
Wabanaki	Substance Use Disorder which incorporates tobacco and alcohol * Mental Health * Health Across the Lifespan primarily on youth prevention and early intervention, as well as improved services for Elders
Western	Substance Abuse * Mental Health/Depression * Obesity/Physical Activity/Nutrition*
York	Oral health Substance abuse * Nutrition and obesity *

* **Bold** indicates priorities included in the majority of Districts

DRAFT

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. Make SCC more relevant~~
4. Communicate and message public health initiatives *information* more effectively (coordination and resources/tools)
5. Assist the Public health system attain and maintain its accreditation by helping in planning and coordination efforts
6. Continue to support the coordinated and comprehensive statewide Health Needs Assessment process (SHNAPP)
7. *Collaborate with partners based upon trust and revisit conflict of interest on an ongoing basis and clarify contract language - - table this item, parking lot. May be more of a guiding principle. "Create an open forum for . . . collaborative discussion that includes sharing of ideas and evidence based best practices."*
8. 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

Strategy 2: Identify emerging health ~~threats~~ 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 SCC outcomes

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

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

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

Strategic Work plan

1. a) Executive Committee creates, reviews and implements the agenda at each meeting; b) support staff from CDC captures in the minutes what the agenda details; c) the Executive Committee reviews the minutes on a recurring basis
2. a) review from agenda by 9/24/15; b) support staff from CDC captures in the minutes what the agenda details; c) The executive committee reviews the minutes on a recurring basis
3. Establish a membership committee that uses the legislative mandates for membership and makes annual recommendations for members at the March meeting
4. Annual planning to develop agenda that reflect SHIP priorities, with flexibility to address emerging issues
5. Provide input on the SHIP dashboard based on the annual plan
- 6.

Measures of Success/Metrics

- 1.1 Standing agenda item that is SHIP - - successes, opportunities for improvement (challenge areas), functioning as a think tank, tapping into expertise around the table.
- 1.2 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
- 2.1 The agenda that includes emerging issues/topics over the course of the year and identifies available/needed resources (including policy development)
- 2.2 Health organizations (public and private) bring issues to the SCC for problem solving and contribution of expertise
- 4.1 Number of agenda items generated outside of the SCC Executive Committee (such as online suggestions for topics and speakers)
- 3.1 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 SCC and DCC's to fill the gaps, recruitment practices identified and implemented; diversity of membership is captured (skills, experience)
- 3.2 23 active members on the SCC and appropriate stakeholders invited and engaged interested parties participating.
- 4.2 Incorporate polling tool for meeting evaluations (polleverywhere.com) - - not free, but cost effective
- 5.1 Advise 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.
- 5.2 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 and alignment of public health, healthcare, and community stakeholders in the delivery of Essential Public Health Services

Strategy 1: Align stakeholders with SHIP priorities

Strategy 2: The SCC advises on the performance of the public health infrastructure and system

Strategy 3: Create a more robust alignment between DCCs/SCC

Strategy 4: Build on the SHNAPP to promote collaboration of public health, healthcare and communities to develop and implement shared improvement strategies

Strategy 5: Promote DPHIP and SHNAPP informs SHIP priorities

Strategic Work plan

1. a) Establish a membership committee that uses the legislative mandates for membership and makes annual recommendations for members at the March meeting
b) Reissue letters of invitation to identified stakeholders (3 year term)
c) Review stakeholder list annually to mitigate any gaps in representation
2. Create a subcommittee to identify and develop a tool for assessment of Maine's public health infrastructure and performance
3. Solicit the district membership plans for approval that are based on district and state level priorities
4. Look at possible resources to create a workgroup to engage in bridging the implementation strategies arising from the SHNAPP that allows for the bridging of public health, healthcare and other community stakeholders
5. Create a small team that will provide the guidance to develop a DPHIP

Measures of Success/Metrics

1. All areas of SHIP priorities are represented by stakeholders that allows for informed decision-making
2. Development of a dashboard that reflects the performance of the public health system
3. 100% of district membership plans are updated annually to reflect district and state level priorities, including populations with health disparities
4. A work team has been developed and the SCC informs the bridging strategy
5. All districts have submitted DPHIPs to the Maine CDC by October 1, 2016

Timeline

Goal 3: Develop a Communication Plan

Strategy 1: Define SCC communication strategies

Strategy 2: Assist DCCs 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

1. Develop a subcommittee to create a communication plan as chartered by the Executive Committee
2.
 - a) Develop a template for DCC reps to report back to the SCC
 - b) On a rotation basis, encourage the DCCs to do a presentation highlighting a success(es) in their district
- 3.

Measures of Success/Metrics

Timeline



Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2015 (CTG Section Removed)

District: Mid Coast	Date: September 15, 2016
<p>Brief review of decisions and outcomes from Steering 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/mecdc/public-health-systems/lphd/district4/index.shtml</p>	
<p>District Coordinating Council Meetings June 14 at Knox County EMA</p> <ul style="list-style-type: none"> • 2013 – 2016 DPHIP Priority Reports completed and discussed: Transportation and Behavioral Health • Update on hospital implementation strategies and how they could inform the prioritization of the new DPHIP priorities • Review previous DPHIP prioritization process and form ad hoc committee to plan September meeting. <p>Remaining 2016 Meetings: September 20, November 1 (proposed), and December 6</p>	
<p>Steering Committee Meeting: August 30 at Spectrum Generations</p> <ul style="list-style-type: none"> • Discuss District Sub-Recipient Process and Selection Team • Review SCC Meeting Request and suggest language and examples • DPHIP Planning for September and Fall meetings • District Coordinator Role 	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> • Substance Use (heroin, opioid) and ongoing outreach • Aging Services 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> • Behavioral Health: Team reports completed. • Transportation: Team reports completed. • DPHIP Prioritization at September meetings: Steering Committee discussed two rounds of five break out groups to further identify issues around top five priorities. 	
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> • District Coordinator to start in September==work plan includes membership gap analysis, review and amend bylaws, decision making process, and operation processes. 	

MidCoast District

1

September 5, 2016

22 M.R.S. §412 (2011).

A. A district coordinating council for public health shall:

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

A-1. The tribal district coordinating council shall:

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



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Statewide Coordinating Council for Public Health District Coordinating Council Update

In-district or multi-district collaborations:

- Collaboration opportunities continue to be a standing DCC agenda item.
- Aging in the Right Place Symposium 9/15 (Spectrum Generations led with multiple support organizations)

Shared Health Needs Assessment and Planning Process (SHNAPP):

- Hospital Implementation Strategies completed.
- DPHIP prioritization starting.

Other topics of interest for SCC members: September SCC Meeting is Children and Family with Disparities and Services/Challenges.

A. What is working really well in your district to support children and families who face health disparities?

- Ongoing work and outreach around Adverse Childhood Experiences (ACEs).
- Maternal/Child Health: outreach provided by Public Health Nursing was a successful means of providing medical case management and information to new mothers and families. Maine Families also provides parenting services to new moms.
- Food insecurity: Merrymeeting Gleaners, part of the Merrymeeting Food Council, has gleaned approximately 4300 lbs. of food from a local farm and farmers' market and distributed the food to food pantries, Bath YMCA youth summer camp, and Bath Housing complexes.
- Food insecurity: SNAP-Ed programming is conducted at eligible sites, such as Bath Housing complexes, Bath Middle School, providing youth with nutrition and cooking education classes and materials.
- Food insecurity: At least 27 Summer Food Service Sites across the Midcoast District coordinated by Mid Coast Hunger Prevention Program, YMCAs, town Recreation Departments, RSUs, and other organizations.
- Food insecurity: Backpack programs coordinated at Bath elementary and middle school and programs in the greater Brunswick area coordinated by Mid Coast Hunger Prevention Program.
- United Way's Diaper Project has distributed close to 80,000 diapers to families in need in the Midcoast region since 2015.

B. What significant challenges facing children and families with health disparities are not currently well addressed?

- Poverty: how to reach folks in poverty, build trust, and understand stigma.
- Food Security
- Affordable Housing: in towns, costs and low vacancy rates; outside of town, transportation issues and housing has high maintenance costs (heating)

MidCoast District

2

September 5, 2016

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Statewide Coordinating Council for Public Health District Coordinating Council Update

- d. Homelessness: no capacity in existing shelters.
 - e. Seniors who do not qualify for social security: no Medicare, no other options for health may couch surf in adult child's home.
 - f. Mental Health and Behavioral Health: in schools and preschools==impacts child's learning; parents' health may also impact care of child and cooperation with school.
- C. *If another community is addressing your key challenge well, what question would you ask of that community?*
- a. What makes it successful in your community?
 - b. Who are your champion individuals and partner organizations?
 - c. How is your community different than our community?

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



Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Penquis District	Date: September 12, 2016
<p>Brief review of decisions and outcomes from Steering Committee and DCC meetings held since last SCC meeting.</p> <p>Lead Fiscal Agent DCC workplan updates: Bangor Public Health and Community Services hired Celia Yodice as the Penquis District Coordinator. The DCC Steering Committee reviewed and approved the workplan, reviewed and updated Penquis DCC bylaws, and developed a participating partner list, including organizational and representational membership. The Penquis DCC Steering Committee also formalized the member orientation process and reviewed the Lead Fiscal Agent budget.</p> <p>District Level Prevention Services Application: Per guidance, the Penquis DCC and the District Liaison disseminated the District Level Prevention Services Application of Interest and related documents. A selection committee was formed to assure that the identified processes are followed and that the process will be conducted free from any conflicts of interest. The Selection Committee members will use criteria and process for selecting sub-recipients to recommend to Vendors and will provide the Maine CDC with list packets by September 16, 2016.</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> ➤ Complete deliverables as outlined in LFA work plan. ➤ Provide Maine CDC with list of sub-recipients to recommend to Vendors. ➤ Select district priorities for the District Public Health Improvement Plan. ➤ Assure process and produce final communication plan. 	
<p>District Partner work on children experiencing health disparities:</p> <p>CITY OF BANGOR - Patty Hamilton, Director of Bangor Public Health and Community Services (BPHCS) reports that the City of Bangor is working to provide internet access to Capehart, a low income housing area. Through school programs children are provided laptops but families are unable to afford internet access. In addition, BPHCS provides a number of free programs and services to City of Bangor residents as well as surrounding communities, including: General Assistance Program, WIC Nutrition Program, Maine In-Home Asthma Education Program, Child Safety Seat Program, SNAP/Nutrition Education, Public Health Nursing, Lead Poisoning Prevention, and Maternal Child Program.</p> <p>HELPING HANDS WITH HEART - Sue Mackey Andrews, Co-Facilitator of the Maine Resilience Building Network reports that Helping Hands with Heart (HHH), a collaboration of local service providers based in Dover-Foxcroft that offers support and resources to children and families in the Highlands region, will be holding a number of events throughout the fall to celebrate their 20th year in 2017, including:</p> <p>Monthly educational sessions featuring several topic including two screenings of the</p>	



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Statewide Coordinating Council for Public Health District Coordinating Council Update

documentary, Paper Tigers; Adverse Childhood Experiences and Resilience Promotion, Adolescent Mental Health First Aid, Support for Senior Caregivers, Teen Dating Violence Prevention, Senior Fraud Prevention, etc. These sessions are being sponsored by HHH's many providers including, but not limited to the Maine Resilience Building Network, SpruceRun/Woman Care Alliance, NAMI of Maine, the Thriving in Place Initiative, Health Piscataquis and Mayo Regional Hospital. All of these sessions will be at no cost and are coordinated with the PENQUIS LYNX to be able to offer transportation for those who need it.

HHH is also investigating replicating some other initiatives from other counties that would respond to local needs – including the Poverty Action Coalition from Waterville, the Diaper Drive from the Midcoast region and Laundry Day (to collect funds to support people who need assistance to use the area laundromats).

DHHS - Eligibility specialist continue to come to PENQUIS in Dover-Foxcroft the first Thursday for the month to assist residents to access public supports and services. No appointment is needed. They will see residents from 8:30am – 4:00pm. If transportation is needed, folks are encouraged to contact the PENQUIS LYNX. HHH is paying for transportation costs for folks when no other payment option is available.

PENQUIS – Services for [Parenting & Family](#) include Assisted Living Services, Autism Community Services, Child Care and Head Start, Family Development Accounts, Maine Families (Parenting Education and Support), Piscataquis Safe Havens Center, and Teen Services.

DR. KEN GINSBURG – Dr. Ginsburg will be returning to Maine in October to provide two day-long seminars featuring his talk, focused on *Our Kids Are Not Broken*. There are two locations: October 18th in Orono and October 18th in Freeport. FMI:
<https://ourkidsarenotbrokenginsburg102016.eventbrite.com>.

Dr. Ginsburg will also be in Maine in November to lead the two-day Institute on the REACHING TEENS Tool Kit. To learn more:
<https://mainereachingteensinstitute.eventbrite.com>

GOOD SHEPHERD FOOD BANK (GSFB) – In Penquis District, GSFB is working to increase food security, grow community partnerships, and stabilize families through a number of programs including [School Pantry Programs](#) and [BackPack Program](#). Penobscot and Piscataquis partners include: Bangor Boys & Girls Club, Bangor Public Library, Brewer Housing Authority, Downeast, Ella P. Burr Elementary, Fairmount, Granite Street Elementary, Indian Island, James F. Doughty, Kingman Elementary, Mattanawcook Jr. High, Opal Myrick Elementary, Ridge View Community, Schenck High, Stearns Jr/Sr High, Vine Street, and Milo Elementary.

[Health Access Network](#) – Provides Counseling and Outreach Services in West Enfield, Lincoln, Medway, and Millinocket that include help with finances, transportation, free or discounted medication, weight loss support, help to quit smoking, health education and health maintenance, case management, and free car seats with certified installation.

Structural and Operational changes, including updates in membership.

SCC District Representative: Patty Hamilton, Director of Bangor Public Health and



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Statewide Coordinating Council for Public Health District Coordinating Council Update

Community Services, has been elected as the Penquis District SCC Representative.

District Coordinator: Celia Yodice, Bangor Public Health and Community Services, has been hired as Penquis District Coordinator.

New members: Hillary Starbird, Mayo Regional Hospital
Caroline King, American Red Cross of Northern and Eastern Maine
Roxane Dubay, Wellness Council of Maine

In-district or multi-district collaborations:

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

Other topics of interest for SCC members:

None to report

Statewide Coordinating Council for Public Health (SCC)

Executive Committee Update
DRAFT - IN PROGRESS Strategic Planning
September 15, 2016

Prior Efforts Documented as of July 14, 2015

- ▶ Each goal area includes:
 - Strategies in development
 - Work Plan in development
 - Measures of Success/ Metrics in development
- ▶ Intention to complete process

Clarity of Purpose

WHY ARE WE HERE? 

- ▶ To advise and inform the Maine CDC regarding policy and program development to insure the delivery of the ten EPHS
- ▶ To define, advocate and engage in best practices for Public Health
- ▶ To communicate, leverage resources and engage in collaborative thinking that has a positive impact on public health

DRAFT

Clarify 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. **Establish and maintain the active engagement** and participation of stakeholders and interested parties



DRAFT

Setting Goals

 1
2
3

Goal 1

- ▶ **Make the SCC more relevant to private and public health system planning and coordination**
 - SHIP informs agendas
 - Identify emerging health issues
 - Align membership with SHIP priorities
 - Create culture of value-added participation
 - Advise on creation of dashboard? Communicate SCC outcomes
 - Strategic outreach to current stakeholders to contribute to and advance the SCC agenda topics

DRAFT

Goal 2



- ▶ Promote strategic engagement and alignment of public health, healthcare, and community stakeholders in the delivery of Essential Public Health Services
 - SCC advises on the performance of the Public Health Infrastructure and system
 - Create more robust alignment between DCCs/SCC
 - Build on SHNAPP to promote collaboration among public health, healthcare, communities to develop and implement shared improvement strategies
 - Promote DPHIP and SHNAPP informs SHIP Priorities

DRAFT



Goal 3



- ▶ Develop a Communication Plan
 - Define SCC communication strategy
 - Assist DCCs in defining and communicating district priorities and outcomes
 - Annual Report to Joint Standing Committee on Health and Human Services
 - Minutes of meetings, format, public posting with Executive Summary
 - Advocate and define value of Public Health for Maine people

SCC Executive Committee Current Members

1. Andrew Coburn, Term Ending
2. Jim Davis, Chair
3. Joanne Joy, Past Chair
4. Doug Michael
5. Christopher Pezzullo, D.O. Maine CDC
6. Toho Soma, Vice Chair

James Markiewicz, Non-voting



Providing Input

- ▶ Request copy of DRAFT dated July 14, 2015
- ▶ Opportunity now for questions, input, discussion
- ▶ Add comments on the Meeting Evaluation

▪ Thanks!!

Statewide Coordinating Council for Public Health (SCC)

Executive Committee Update
DRAFT – IN PROCEES Strategic Planning
September 15, 2016

Prior Efforts

Documented as of July 14, 2015

- ▶ Each goal area includes:
 - Strategies in development
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- 

Clarity of Purpose

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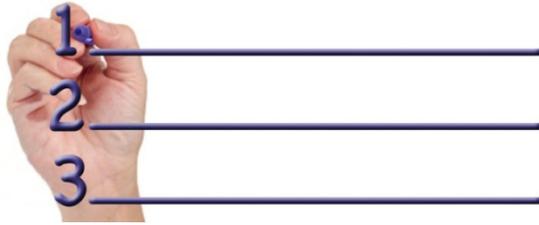
Clarify Roles and Responsibilities

DRAFT

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. **Establish and maintain the active engagement and participation of stakeholders and interested parties**



Setting Goals



Goal 1



- ▶ **Make the SCC more relevant to private and public health system planning and coordination**
 - SHIP informs agendas
 - Identify emerging health issues
 - Align membership with SHIP priorities
 - Create culture of value-added participation
 - Advise on creation of dashboard? Communicate SCC outcomes
 - Strategic outreach to current stakeholders to contribute to and advance the SCC agenda topics



Goal 2



- ▶ Promote strategic engagement and alignment of public health, healthcare, and community stakeholders in the delivery of Essential Public Health Services
 - SCC advises on the performance of the Public Health Infrastructure and system
 - Create more robust alignment between DCCs/SCC
 - Build on SHNAPP to promote collaboration among public health, healthcare, communities to develop and implement shared improvement strategies
 - Promote DPHIP and SHNAPP informs SHIP Priorities



Goal 3



- ▶ **Develop a Communication Plan**
 - Define SCC communication strategy
 - Assist DCCs in defining and communicating district priorities and outcomes
 - Annual Report to Joint Standing Committee on Health and Human Services
 - Minutes of meetings, format, public posting with Executive Summary
 - Advocate and define value of Public Health for Maine people

SCC Executive Committee

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Providing Input

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▪ Thanks!!



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				
Demographics				
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	
Socioeconomic Status Measures				
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	

Infectious Disease				
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	
STD/HIV				
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	
Intentional Injury				
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	
Unintentional Injury				
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	
Occupational Health				
Deaths from work-related injuries (number)	19		4,585	
Nonfatal occupational injuries (number)	13,205		NA	
Mental Health				
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	

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

District: Western

Date: September 15, 2016

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

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

The Western District Executive Committee continues to meet regularly. Recently the EC has focused on recruitment, reengaging membership, and has on boarded Western Maine Community Action as the Lead Fiscal Agent for the District Coordinator, as well as, hired Tess Cote as the Western District Coordinator.

The district held a full council meeting on August 19, 2016. The topic of the meeting was the planning process for the District Public Health Improvement Plan Priorities and a workgroup was assembled. Also, the new district coordinator, Tess Cote, was introduced to DCC members.

Ongoing or upcoming projects or priority issues:

District Activities Related to children experiencing health disparities:

- 1. What is working really well in your district to support children and families who face health disparities? (one or two examples)**
The SNAP program.
- 2. What significant challenges facing children and families with health disparities are not currently well addressed?**
Significant challenges facing children and families with health disparities not currently well addressed in the Western District are: oral health; dental care and access to services(there are programs in some of the communities but they are scattered), and child abuse and neglect in relation to children's exposure to parental drug and alcohol abuse.
- 3. If another community is addressing your key challenge well, what question would you ask of that community?**
How do you keep the momentum of projects and programs going when funding streams are lost?

Statewide Coordinating Council for Public Health District Coordinating Council Update

Progress with District Public Health Improvement Plan:

The district held a full council meeting on August 19, 2016. The topic of the meeting was the planning process for the District Public Health Improvement Plan Priorities and a workgroup was assembled. Also, the new district coordinator, Tess Cote, was introduced to DCC members.

On September 6, 2016 there was a DPHIP planning call to discuss the criteria that would be used for DPHIP priority selection as well as the process that would best serve the needs of the Western DCC for this work. These criterion and process will be presented to the full DCC on September 16, 2016 for approval and then the DPHIP selection process will be completed at the October full council meeting.

Structural and Operational changes, including updates in membership:

In-district or multi-district collaborations:

Other topics of interest for SCC members:

22 M.R.S. §412 (2011).

A. A district coordinating council for public health shall:

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

A-1. The tribal district coordinating council shall:

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

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



District: York District

Date: 09/15/2016

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

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

The York District Executive Committee continues to meet regularly. The DCC has begun the process to select new district priorities.

Ongoing or upcoming projects or priority issues:

The District continues to work on DPHIP development. Recently the DCC has focused on scoring applications of interest to implement programs on behalf of the four vendors who received district level preventions services contracts.

Progress with District Public Health Improvement Plan:

The district is in the process of selecting new priorities and is on schedule to have a DPHIP approved by the council in the next few months.

Structural and Operational changes, including updates in membership:

Laura Overton has been hired as the District Coordinator by the University of New England. She brings lots of experience from her time working for the Department of Health in Worcester Ma.

In-district or multi-district collaborations:

The PHEP work group in collaboration with some members of Cumberland Council has been planning a full scale exercise scheduled for October 19th. This will increase capacity of York District to respond to and prepare for public health emergencies. More to follow.

Other topics of interest for SCC members:

- 1. What is working really well in your district to support children and families who face health disparities? (one or two examples)**
 - a. Head Start and Early Head Start programs use Nasson Health Care to ensure that all children are receiving proper nutritious meals while in attendance, dental examinations, health screenings, and immunizations. Nasson Health Care brings mobile health services to Children’s Services locations and will be working in 17 schools.**
 - b. The WIC program also provides nutrition assistance to low-income children as well as immunizations.**
 - c. Maine Families of York County is an excellent resource for families**

- 2. What significant challenges facing children and families with health disparities are not currently well addressed?**
 - a. Eligibility as well as available slots in those programs is limited, which may result in many children not receiving support who may need it.**
 - b. Housing, dental and insurance (not eligible for MaineCare)**
 - c. Many resources are not there anymore due to funding issues (resource center, carelink, children’s center)**

- 3. If another community is addressing your key challenge well, what question would you ask of that community?**

22 M.R.S. §412 (2011).

A. A district coordinating council for public health shall:

Statewide Coordinating Council for Public Health District Coordinating Council Update

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

A-1. The tribal district coordinating council shall:

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